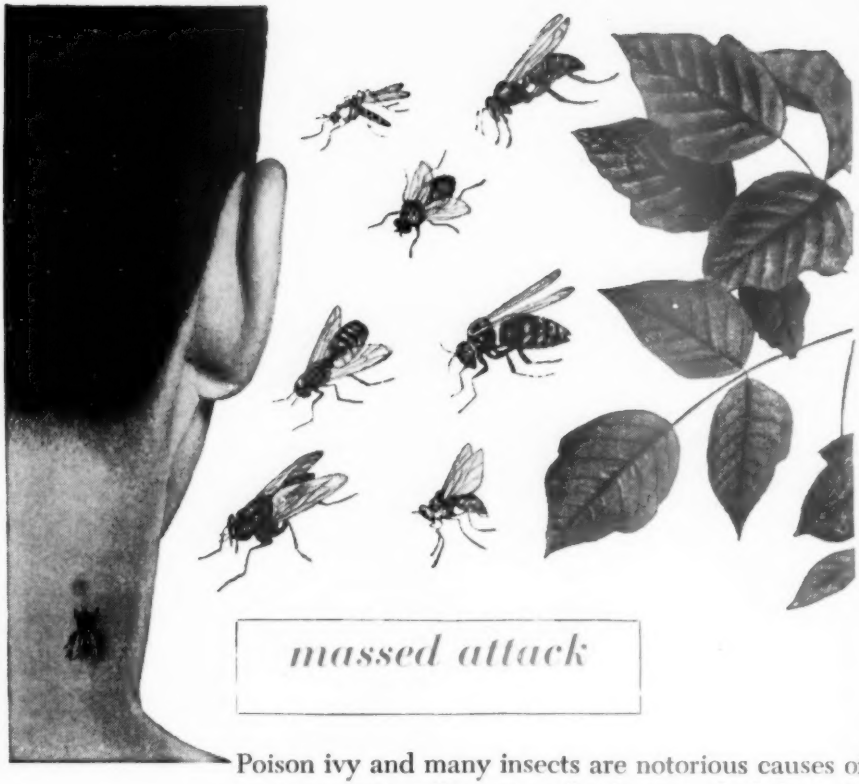
R.N.

August • 1950



massed attack

Poison ivy and many insects are notorious causes of severe pruritus. Prompt and safe control of the itching is a prime therapeutic need, for the patient's scratching or self-medication can lead to serious sequelae.

Calmitol Ointment gives relief directly upon application. It may be used liberally and repeatedly without the risk of exacerbation, for Calmitol Ointment is free from dangerous drugs such as phenol (as in calamine with phenol), cocaine and cocaine derivatives.

for control of pruritus

CALMITOL

safe; simply applied

Active ingredients:
Camphorated chloral
Hyoscyamine oleate
Menthol

Thos. Leeming & Co. Inc. 155 E. 44th St., New York 17, N.Y.

R.N. Contents

August, 1950

Features

Departments

Cover Credits: Photographer: Walter Herstatt; Cap and Pin: St. Luke's Hospital, Utica, N.Y.; Uniform: Marvin-Neitzel Uniform Corp., Troy, N.Y.

Vol. 13, No. 11

CCA

Circulation 150,000 registered professional nurses monthly. Copyright 1950. The Nightingale Press, Inc., Rutherford, N.J. Lansing Chapman, Publisher. 25c a copy, $3 a year for inactive nurses. Canada and foreign, $3.50.

NBP

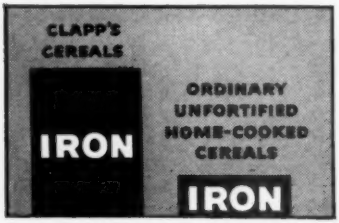
How much iron for the second month?

THE STORE OF IRON a baby is born with, as you know, starts to run low during the baby's second month.

That's why so many doctors recommend Clapp's *iron-rich* Cereals.

Doctors agree Clapp's Cereals supply that important iron —in a healthful, natural way.

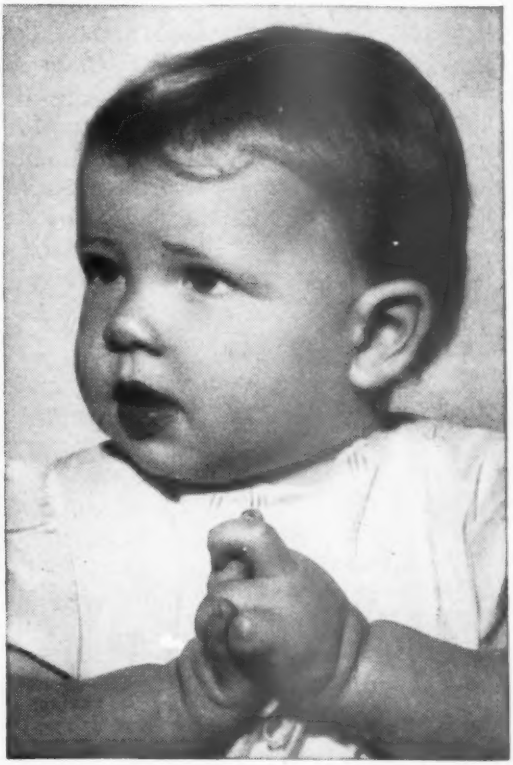
Clapp's Cereals Have More Iron



Clapp's Cereals have 3 times more iron than unfortified home-cooked cereals. Clapp's Cereals need no cooking. They dissolve almost instantly in warm milk or formula.

More Vitamin B_1

Clapp's Cereals have 2½ times more Vitamin B_1 than unfortified home-cooked cereals. Plus rich, nourishing nonfat milk solids, wheat germ and brewer's yeast.



CLAPP'S® BABY CEREALS

THE FIRST IN BABY FOODS

Products of American Home Foods

BROMO-SELTZER

gives fast 3-way help for

HEADACHE

upset stomach, jumpy nerves

Very often, the strenuous on-duty life of a nurse causes headache pain. That's why it is wise to keep a supply of Bromo-Seltzer handy.

Bromo-Seltzer is the famous time-proved product that not only brings fast help for the pain of ordinary headache but alsofor the upset stomach and jumpy nerves that often go with it.

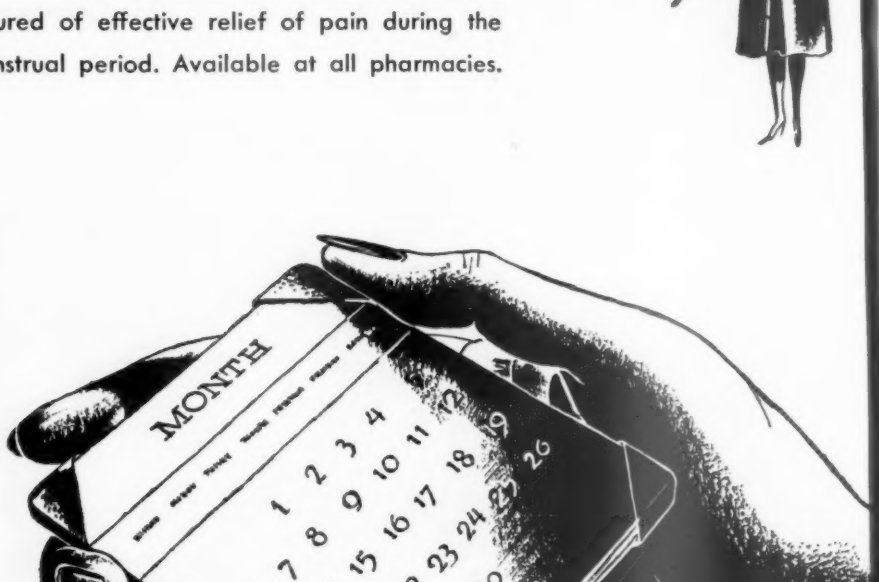
Quick! Pleasant! Bromo-Seltzer effervesces with *split-second action,* ready to go to work at once. And it's so pleasant tasting! Caution: Use only as directed.

Proof of Popularity: Today more people than ever use Bromo-Seltzer. *You* must be satisfied or your money back!

Get Bromo-Seltzer at your drugstore fountain or counter today. It's a product of the Emerson Drug Co. since 1887.

Freedom From Menstrual Pain —With Anacin

Periodic pain can be relieved quickly with the aid of Anacin. This fast-acting analgesic embodies all the virtues of the APC formula, gives prolonged relief too, exceeding that of plain aspirin. By keeping Anacin on hand, your patients can be assured of effective relief of pain during the menstrual period. Available at all pharmacies.



ANACIN®

WHITEHALL PHARMACAL COMPANY • 22 East 40th Street, New York 16, N.

Debits & Credits

Impossible Expectations

Dear Editor:

Doctors and the public are getting very stirred up about the nursing situation, and this time it is not due to the shortage of nurses, but to the poor service given by trained practical nurses. We can never expect a one-year trainee to give good service to a very ill patient.

If practical nurses were constantly supervised and asked to do only the things of which they are capable, they might fit safely into the nursing picture. But they are frequently pushed into places of responsibility for which they are unfitted and untrained. As an example, at the hospital where I am employed a doctor came on the floor one night and found his patient hemorrhaging and in shock, both unnoticed by the practical nurse.

A nurse with one year's training is never going to be able to do what a three-year graduate is trained to do, but I understand they are being told they know as much as a three-year graduate.

Hospitals should not charge tuition for nurses' training—they are getting a lot of work done for nothing. There would be a much larger number of girls of high caliber who would be only too glad to take a three-year course if it were financially possible for them to do so. Just why do we want to do away with a three-year training course? Why do some educators encourage either practical nursing or a five-year course, which many girls find themselves unable to undertake?

I contend that if we have the good of the profession at heart and not cheap help, which is all the practical nurse is being used for, we will heartily embrace continuance of the three-year hospital course without charge to the students. Unless we do this, we will give inferior service to the public and ruin the standards previously set by the profession.

R.N., MANKATO, MINN.

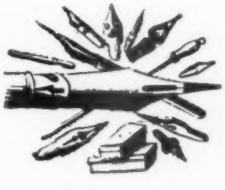
Speaking Frankly

Dear Editor:

The article "Too Many Walk Apart" [**R.N.**, Jan.] deserves comments from all nurses. I'd like to pass my opinions on now.

Speaking for myself, I object to paying $28 a year and getting nothing tangible for it. If part of that amount were to go into a retirement fund for nurses when they become too old or too ill to work, then I could see justification for it.

It's true that the ANA has worked



hard to elevate the standards of nursing, including increases in salaries, which no one can fail to acknowledge and appreciate, but it seems to me that if membership dues were relative to position and income, such as those who earn most paying accordingly, it would be a more equitable situation.

If nurses in semi-retirement or in part-time work were to pay a minimum of $5 a year, I think there would be many willing to pay who pay nothing now because they feel, as I do, that the fee is exorbitantly high.

If all nurses would write and give their opinions on the subject, perhaps a definite policy could be instituted which would be fair to all and beneficial financially to the ANA. I should like to suggest that each district make a survey of all its nurses to learn what each is doing, whether retired or not, and if able, whether they would be willing to pay graded dues, with the understanding that part of the money would go into a retirement fund. I am sure that each and every nurse approached would be eager to pay a fee proportionate to her income.

As the situation is at present, Miss Doe may work from the time she graduates until she is 50, then she becomes ill and her only means of support stops abruptly. She is left with no savings or other financial security, and must endure the humiliation of depending on relatives or friends for help.

It is my conviction that not one nurse would refuse to give as much

BEEDEE . . . by B-D

You'll find that physicians often abbreviate their orders, Beedee, and it's not surprising that you thought of a breakfast roll when the doctor wanted a blood urea nitrogen test made. You'll soon learn to recognize such abbreviations and before long you will be using them yourself.

You won't be in training long, Beedee, before you encounter the abbreviation "B-D". You will find it on hypodermic syringes, needles, fever thermometers, and other instruments you use. "B-D" is our company trademark . . . but it's even more . . . it's your assurance that the instrument you are using is as accurate and dependable as we know how to make it. And we have been serving the professions with precision instruments for more than half a century.

Our thanks and a gift of B-D products to Marie Berenato, R.N., of Philadelphia, Pa., who submitted the idea for this month's cartoon.

as she could afford toward a retirement fund, and in so doing, it would be a means of uniting nurses as never before. It would give them all a common interest.

ELLA MAE GREEN, R.N.
HOLLYWOOD, CALIF.

Change for the Worse

Dear Editor:

I returned to staff nursing about a year ago, after an absence of nearly ten years. The changes I found were numerous and astounding, but to me the most significant one was that I now occupy the position of a glorified secretary or receptionist. My main duties are paper work and answering the phone; no longer have I an opportunity to spend my time giving bedside nursing care to the patients. This privilege is now accorded to the aides.

Wouldn't it be better to train clerical personnel to handle the reams of paper work and give the professional nurse a chance to know her patients personally, rather than as names or numbers only?

(MRS.) M. L. KALSTROM, R.N
FRESNO, CALIF.

Let's Vote

Dear Editor:

It seems to me that we are so eager to raise our nursing standards by way of college and the prized degree that the goal is being missed. Why not give nurses who are doing bedside nursing the opportunity to decide individually who should be

given the responsibility for performing bedside nursing, now and in the future. Perhaps this could be determined by having general staff nurses vote individually on this issue at national or state conventions.

I believe it is the general staff nurses who will assure continued fine service to the public in competent hands, and a fine service to their hospitals.

MARY J. OSBORNE, R.N.
TACOMA, WASH.

Scented Masks

Dear Editor:

I have been giving anesthesia for the past four years, during which time I have found the most generalized complaint among patients is the rubber odor given off from the mask, rubber tubes and rebreather bag on the gas machine. I've discovered that essence of pepsin put in an atomizer and sprayed on the mask, rubber tubes and rebreathing bag once a week removes the odor of rubber and doesn't harm the equipment.

EDITH C. BREVIS, R.N.
SAN FRANCISCO, CALIF.

Orchids to Ethics

Dear Editor:

Congratulations to you and Mrs. E. G. Richards on the publication of "Our Ethical Responsibilities" [R.N., Feb.]. It is just about the best article ever printed in R.N. to help the profession today.

Mrs. Richards' definitions of nursing ethics in detail, yet not reverting

He's heard the call for VI-DAYLIN

TRADE MARK

(Homogenized Mixture of Vitamins A, D, B_1, B_2, C and Nicotinamide, Abbott)

Youngsters literally spring into action when called to take their daily spoonful of VI-DAYLIN. For this multivitamin treat incorporates the appearance of yellow honey, plus the taste of lemon candy, a combination that children actually *enjoy* taking—especially from the spoon.

Note the Formula

And VI-DAYLIN not only looks, tastes and smells good, but as you can see by the formula, it is an excellent source of the vitamins growing children need. One teaspoonful is the average daily dose for children up to 12.

Each 5-cc. teaspoonful of Vi-Daylin contains:

Vitamin A	3000 U.S.P. units
Vitamin D	800 U.S.P. units
Thiamine Hydrochloride	1.5 mg.
Riboflavin	1.2 mg.
Ascorbic Acid	40 mg.
Nicotinamide	10 mg.

VI-DAYLIN is stable for as long as two years without refrigeration. For infants, it mixes with milk, cereal, juices or other foods; has no fishy odor; will not leave resistant stains on clothing; contains only a trace of alcohol (less than 0.5%). Finicky adults like it, too.

Abbott

to the "age of regimentation," should be handed every student and registered nurse in the country.

I read the article twice and decided, with a few fellow nurses, it is the answer to the present day question—What is wrong with nursing today?

(MRS.) ELSIE C. COYNE, R.N.
LAURENCE HARBOR, N.J.

R.N. Defined

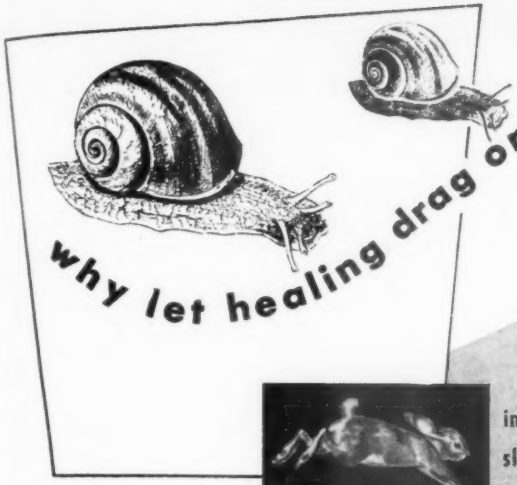
Dear Editor:

I wish to express my gratitude for having received **R.N.** this far and let you know how I feel about it. I look forward to the cozy hours of evening with my husband to read it. Though often I have time to read it during the day, I treat it as a luxury.

To add, it is a magazine of large proportion, necessarily squeezed into a small space. One hungers for more of it. Perhaps some day, not too far away, we will be receiving a grown-up **R.N.**, even though it would be on a paid subscription basis.

R.N., LOS ANGELES, CALIF.

[*Thank you for the best definition of* **R.N.** *so far advanced. The editors and publisher share your unsatiated appetite despite the oft-repeated advice, "leave your audience hungry for more." We too are looking forward to a "grown-up"* **R.N.** *In October of this year we shall be 13 years old, just completing the first year of our teens. We are maturing fast, we hope, and are looking forward to a well-balanced adolescence.*—THE EDITORS]



why let healing drag on and on and on . . .

in **BURNS**

slow healing **WOUNDS**

ULCERS

(decubitus, varicose, diabetic)

renew vitality of sluggish cells

stimulate healthy granulation

accelerate smooth epithelization[1] with

Desitin®

OINTMENT

the external cod liver oil therapy

PROTECTIVE • SOOTHING • HEALING

℞ **Desitin Ointment** is a stable blend of crude cod liver oil (with unsaturated fatty acids and vitamins A and D in proper ratio for maximum efficacy), zinc oxide, talcum, petrolatum, and lanolin. Minimizes scarring; dressings easily applied and painlessly removed. Tubes of 1 oz., 2 oz., 4 oz., and 1 lb. jars.

Send for SAMPLES and new clinical reprint

Desitin CHEMICAL COMPANY

70 Ship Street, Providence, R. I.

1. Behrman, H. T., Combes, F. C., Bobroff, A., and Leviticus, R.: Industrial Med. & Surg. 18:512, 1949.

Nurse-please note

Because you share with the doctor the great responsibility of advising mothers on infant feeding...and because he so often entrusts the actual formula specification to you...we are reprinting this page from the "Journal of the American Medical Association." Carnation believes it is as important for nurses, as for doctors, to have these facts.

Which would you prescribe for Infant Feeding?

NATURALLY, you'd choose a name you know...a name worthy of your confidence.

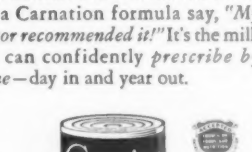
AND CARNATION *protects* your recommendation with the most scrupulous standards of safety, uniformity and nutritional value.

EVERY DROP of Carnation Milk is processed with *"prescription accuracy"*—in Carnation's *own* plants under Carnation's *own* continuous supervision. That is why you can have complete confidence in Carnation.

It is evaporated, homogenized, enriched in vitamin D, and sterilized, under the most rigid controls. Constant tests and vigilant inspection are your guarantee that every can bearing the name Carnation meets the highest requirements of the medical profession.

NO WONDER 8 out of 10 mothers who use a Carnation formula say, *"My doctor recommended it!"* It's the milk you can confidently *prescribe by name*—day in and year out.

Carnation Evaporated Milk is an especially suitable milk for infant feeding and for bland and special diets.



The Milk Every Doctor Knows

"From Contented Cows"

	Calories	Protein Gm.	Calcium Gm.	Copper mg.	Iron mg.	Phosphorus Gm.	Vitamin A I. U.	Thiamine mg.	Riboflavin mg.	Niacin mg.	Ascorbic Acid mg.	Vitamin D I. U.
National Research Council Allowances, Sedentary Man (154 lbs.)	2,400	70	1.0	1.2	12	1.5	5,000	1.2	1.8	12	75	Small Amount
Ovaltine in Milk, 3 Servings *	676	32	1.12	0.5	12	0.94	3,000	1.16	2.0	6.8	30	417
Percentages of N. R. C. Allowances Provided by 3 Servings* of Ovaltine in Milk	28%	46%	112%	42%	100%	63%	60%	97%	111%	57%	40%	Abundance

* Each serving made of ½ oz. of Ovaltine and 8 fl. oz. of whole milk.

Supplementation

A sure step to dietary adequacy

The aim of the dietary at all times and under all conditions is to provide ample amounts—not just minimum amounts—of all nutrient essentials. Only when the daily nutrient intake is fully adequate can the possibility of adequate nutrition be assured. It is for this reason that a food supplement assumes great importance in daily practice.

The *multiple nutrient dietary food supplement*, Ovaltine in milk, is especially suited for transforming even poor diets to full nutritional adequacy. This is clearly shown by the data in the table above.

Note in particular the high percentages of the dietary allowances for nutrients and the relatively low percentage of the total calories furnished by the servings of Ovaltine in milk. Thus, without unduly increasing the caloric intake, Ovaltine in milk greatly increases the contribution of nutrient essentials. Enticing flavor and easy digestibility are other important features of the dietary supplement.

Two kinds, Plain and Sweet Chocolate Flavored. Serving for serving, they are virtually identical.

Ovaltine

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO, ILL.

To help shut out grain allergies among infants starting on cereal, Gerber's developed the one-grain Barley Cereal. Particularly helpful when the doctor knows there is a family history of allergic reaction to wheat.

Another safe starting point: Gerber's Strained Oatmeal. Also in the one-grain category, it is a logical alternate to or substitute for Gerber's Barley Cereal. Both contain added iron, calcium and important B vitamins.

Where no apparent grain allergy exists, many doctors suggest Gerber's Cereal Food (wheat and corn) as an extremely satisfactory starting cereal. It completes Gerber's trio of bland, smooth-textured cereals. They provide babies with appetite-building variety.

Samples! 3 ready-to-serve cereals plus Baby Foods Analysis Folder. Write to Dept. 358-0, Fremont, Michigan.

Babies are our business
...our only business!

Gerber's
Baby Foods

Turn Summer's A.F.

1½ & 4 Ounce Bottles

Summer's foot-loving fungi are short-lived with OCTOFEN on the job, for *athlete's foot is rarely a puzzle to OCTOFEN.

For the 3 out of every 4 patients due to catch A.F.(1), OCTOFEN is your valuable weapon to help wind up the case as quickly and safely as possible—as it has done in scores of clinical tests conducted by leading specialists!

(1)Modern Med. Topics, 10:7, July, '40

McKESSON & ROBBINS, INCORPORATED, BRIDGEPORT 9, CONNECTICUT

The Superiority of Octofen is measured in feet

Feast into a Famine

Octofen® A POWERFUL FUNGICIDE—

Not a "Horrifying Concentration!"

Weak anti-fungal agents are only fungistatic, must be used in "horrifying concentrations"* for therapeutic results. This may lead to greater incidence of irritation and more frequent relapse or reinfection. OCTOFEN is high in potency, low in concentration...high in efficacy and has shown no irritation or sensitization to date.

Octofen

Kills fungi on contact.
Has cleared cases in as short a time as 1 week.
Reduces or even eliminates danger of over-treatment dermatitis.
No irritants, heavy metals, tars, oils, phenols or alkalies.
Potent, nonirritating, greaseless.

Put OCTOFEN to work on your most stubborn case.
No obligation or expense!

*Oster, K. A. & Golden, M. J.: Alcohol Soluble Fungistatic and Fungicidal Compound, A. J. Pharm, 121:375 (Oct.) 1949

uccessfully treated!

McKESSON & ROBBINS, INCORPORATED Dept. RN
Bridgeport 9, Conn.

Gentlemen:
Please send me free a clinical sample package of OCTOFEN—sufficient to test its efficacy—and descriptive literature.

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City & State_____

good
for
sunburn,
too!

Why not? For years *S.T.37*® has been the accepted, painless antiseptic for burns, cuts and abrasions. No wonder it's good for sunburn! You just pat it on, and the soothing *hexylresorcinol* in *S.T.37* stops pain and discomfort almost at once . . . protects against infection, too, if the skin is blistered or broken! Get a bottle of soothing, reliable *S.T.37* Antiseptic Solution today. Two sizes: 5 and 12 fluidounces.

Sharp & Dohme,
Philadelphia 1, Pa.

S.T.37

Antiseptic Solution

SHARP & DOHME

Science Shorts

A boiler-cleaning compound is used in a new chemical method for dissolving kidney stones, it was reported by Dr. Robert F. Gehres of Sacramento, Calif. at a meeting of the American Urological Association. Although the technique is still in an early stage, Dr. Gehres said that it promises to make surgery unnecessary in certain cases and reduce very large stones to a size which allows operation.

*

The Federal Security Agency reports that 1949 is the third year in a row showing a decline in both marriages and divorces in the U.S.

*

A *JAMA* report by Doctors Kohn, Milzer and MacLean of Michael Reese Hospital, Chicago, states that penicillin tablets given a week or more of each month for three school years prevented rheumatic fever recurrence and markedly reduced incidence of streptococcic throat infections in a group of children who had previously recovered from an acute attack of rheumatic fever.

*

Armour and Company, the nation's largest producer of ACTH, has announced that the drug's present price of $210 a gram will be cut to $100. The Company also expects to triple present ACTH output in another four or five months.

*

Sulfone drugs are responsible for the remarkable progress in treating Hansen's disease at the United States Marine Hospital in Carville, La., states Dr. Fredrick A. Johansen, medical director of the hospital. Last year 18 per cent of the patients were discharged as arrested cases.

*

The Division of Tuberculosis, USPHS has reported that 14 million chest x-rays were taken in 1949, in an accelerated campaign to detect and control the disease.

*

Drs. Andrew J. Brennan and Ruth H. Wichelhausen writing in the *JAMA* cite the case of a patient infected with streptomycin-resistant tubercle bacilli as a result of exposure to a patient whose organisms became streptomycin-resistant during treatment. They warn that such infection will become more frequent as the number of streptomycin-treated patients increases.

Stethoscope Used in 1883

"The GREEN TABLET"... a revolutionary medical way to keep breath and body Clean Smelling

ODOLEX
TRADEMARK
(PREPARED CHLOROPHYLLINS)
Tablets

Using a Fair and Wells osmoscope and direct smelling tests, Westcott[1] recently established that:

1. ODOLEX* tablets immediately neutralize offensive breath odors, relief lasting for several hours or until the breath is exposed to additional sources of bad odor.
2. ODOLEX taken at breakfast or immediately thereafter neutralizes obnoxious odors due to perspiration; the effect may last "for eighteen or more hours."

One ODOLEX tablet in the morning and one at night will provide dependable protection in most cases.

ODOLEX is supplied in boxes of 24 convenient-to-carry, foil-wrapped tablets, 100 mg. each, available at all pharmacies.

1. Westcott, F. H.: New York State J. Med. 50: 698 (Mar. 15) 1950.

*Trademark of Walker Vitamin Products, Inc.

Suggest ODOLEX TO COMBAT

MOUTH ODORS due to:	BODY ODORS such as:
foods	perspiration
alcoholic beverages	foot odors
tobacco	urine odors
metabolic changes	menstrual odors
	odors associated with nervousness or illness

Safe-Simple

Walker
VITAMIN PRODUCTS, INC.
MOUNT VERNON, N. Y.

NEW...

ANAHIST

TRADE MARK

(Thonzylamine Hydrochloride)

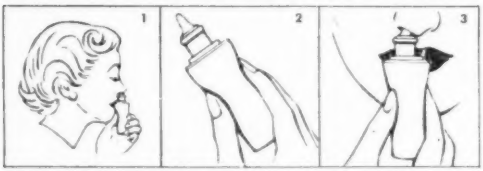
ATOMIZER

provides dramatically effective relief from distressing symptoms in Hay Fever or "summer colds".

This unique, flexible plastic atomizer delivers a nebulized mist of ANAHIST* solution into the nasal passages, where it exerts prompt, direct antihistaminic action.

When the cap is on, the ANAHIST Atomizer can be carried in pocket or purse without fear of leakage. It is always ready for use.

HOW TO USE THE ANAHIST ATOMIZER



1 Remove the cap with a turning, pulling motion and hold the ANAHIST Atomizer in an upright position. Tilt the head slightly forward and place tip of atomizer in the nostril. Do not press the tip tightly into the nostril as you would with an inhaler.

2 Grasp the atomizer and place thumb on spot marked "Press Here". A quick, firm squeeze will provide a fine mist of ANAHIST for the nasal passages.

3 One or two squeezes of the ANAHIST Atomizer in each nostril should be followed by sniffing, to help carry the mist through the nasal passages. Before releasing pressure, remove the atomizer tip from the nostril. Replace cap with a firm, pushing, turning motion to ensure tight closure.

The ANAHIST Atomizer is available at all pharmacies.

*ANAHIST is the trademark of the Anahist Co., Inc.

624A50

ANAHIST CO., INC.

YONKERS 2, N. Y.

MEMO FROM THE EDITOR: The Red Alert

■ THE INITIAL SHOCK of the Korean attack has been absorbed by now, and we have finally awakened to the fact that we are involved, not in a punitive expedition, but a real shooting war. The draft has been re-activated; the Armed Forces are calling for volunteer reservists in specialist categories; and as the day-to-day accounts of the Korean fighting reach this country, it becomes transparently clear that we are heading for a general mobilization.

We know too well the effect this will have on civilian hospitals, for we have experienced it before. It is a foregone conclusion that in case of a full scale war there will be a general exodus from these hospitals—for nurses in large numbers will always volunteer for military service when they are needed.

The intention of the legislation that created the nurse reserve corps of the Army and Navy was to safeguard the nation's health defenses by providing equitable distribution of nursing resources between civilian and military needs. However, many hospital administrators, not understanding that intent and falling victims to a false sense of security, discouraged their nurses from applying for reserve commissions. It is because of their reluctance that civilian hospitals will be in desperate straits if mobilization does become necessary at this time or, in fact, at any time in the near future.

At present the total strength of the Army Nurse Corps is below 4,000, including regular Army and reservist nurses on extended active duty. On inactive status, the ANC has only 6,300 reservists to draw from. As a yardstick as to what might be expected, the peak strength during World War II was 57,000.

If and when reserve nurses are called, it doubtlessly will be on a volunteer basis—at first. Nevertheless, civilian hospitals would have a much more stable future to look forward to if their administrators knew in advance what percentage of their nurses would be subject to call, in order to prepare for the necessary replacements.

It is safe to predict that civilian hospitals and nursing staffs will not be disrupted if fighting is confined to Korea, as there are over 500 Army nurses and 20 Navy nurses in the Far East Command, but if the Armed Forces increase their strength, the picture might quickly change. Let us hope that this crisis serves to "Wake up America" and not as a forerunner to world conflict. If the latter is true, let us pray that time is with us; then maybe even hindsight will not be too late.

—ALICE R. CLARKE, R.N., EDITOR

R.N. Speaks: AFTER RET

■ IF WE WERE SEEKING one word to describe the aspirations of our generation, that word might well be "security." As a nation we want security from war, and as individuals we want security from poverty. Excessive preoccupation with the latter type of security has been decried by many who believe, perhaps rightly, that we are losing the much vaunted spirit of American enterprise. They say we are leaning on props rather than standing erect.

And yet there is something to be said for the other side—something about which nurses who weathered the depression can speak with authority. Being without a job and income is never particularly conducive to peace of mind, and it is especially frightening to a nurse who has reached the brink of retirement with no provision for the years that loom ahead. But some may say, Isn't this the nurse's fault? Couldn't she have planned more wisely? Well, let's see.

Although nurses' salaries, up until the past few years, have been notoriously low, it is true that a nurse who had no dependents or serious illness and kept a close rein on her purse strings might have been able to save some of her earnings. The point is, would these earnings enable her to live comfortably after she is no longer able to work? Remember that the average woman reaching the age of 65 can anticipate about eighteen more years of life.

The answer for the average nurse probably would be in the negative unless she had an independent income or subsisted on a diet of bread and tea. An annuity guaranteeing $100 a month for the rest of her life would require her to save about $18,000 by the time she was 65; few nurses, even with the best of intentions, can save this by themselves, and neither can the majority of other U.S. citizens. Moreover, according to *Newsweek*, in 1948 only 1.5 million aged 65 and over could support themselves on incomes from investments and savings. Of course, and this is not an attempt to whitewash the fact, many nurses and the general public just don't ever get around to saving—that rainy day looks too far away to be foreboding.

Is there an answer to this retirement problem? First, let's see what the government does for us in the way of pensions. In 1935, a radically new piece of legislation, the Social Security Act, came into being. This

act embodied two important programs, (1) an Old-Age Assistance plan which provided monthly payments from federal and state funds for needy persons of 65 years or over and (2) Old-Age and Survivors Insurance which, contributed to by employer and employe, gave workers in commerce and industry a retirement annuity, survivorship benefits and also an allowance for wives, when they reached 65.

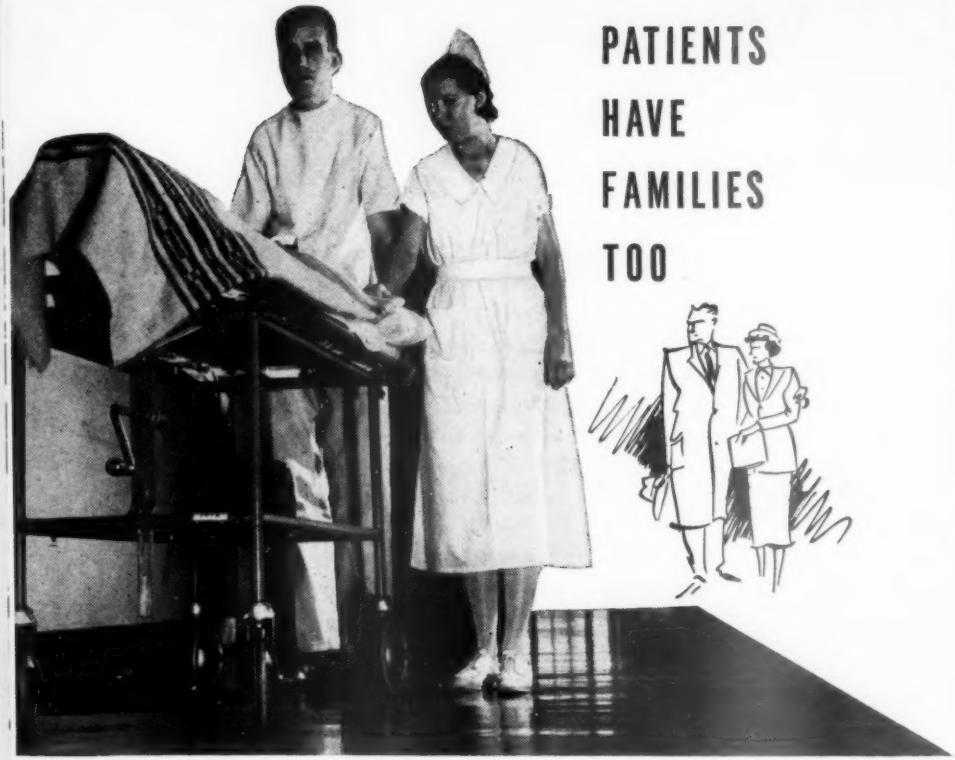
One of the troubles with Social Security was that not enough workers were covered. The vast majority of nurses weren't eligible for benefits, either because as general duty nurses they worked in non-profit institutions which were excluded from coverage, or because as private duty nurses they worked on a self-employed basis. And although Social Security was never intended to provide the full amount necessary to live on, the payments have been pitifully low. In December, 1948, the average benefit was $25.35 per month and, ironically enough, Old-Age and Survivors Insurance payments have been surpassed by Old-Age Assistance benefits. It would appear that sometimes it pays to be a pauper.

Happily, at this writing, it looks as though the Social Security Act will soon be amended. The House and Senate have both passed amendments to the Act and now have only to iron out differences before the bill is sent back to both houses for approval. Under these amendments, employes of non-profit organizations other than religious will probably be covered on a compulsory basis. Also, about 5 million self-employed, including private duty nurses, will be brought into the system. And as another improvement, average monthly benefits will be substantially increased.

However, these increases do not promise full security. Social Security insurance payments are not the complete answer to the nurse's retirement problems for these benefits must be augmented by other means in order to provide even the bare necessities of life.

We recognize how difficult it is for a nurse to purchase an annuity plan by herself or to set aside enough savings, but there is still another method of providing retirement funds in which the employer shares the cost and which, when added to Social Security, should go a long way toward assuring the nurse of a secure [*Continued on page* 56]

PATIENTS HAVE FAMILIES TOO



Ewing Galloway

ON THE TENTH FLOOR of a large, metropolitan hospital two people waited. Three long hours had passed. Then from the hallway sounded the quick, hard beat of sturdy oxfords and the rapid swish of starched poplin. The anxious couple stiffened. Hurriedly, the worried young man moved to meet the sounds.

"Nurse, how is our boy? Is he still in the operating room? Will he be out soon"?

"Your son hasn't returned from surgery yet, Mr. Richards," the nurse replied abruptly. Hastily she brushed past him and continued down the hall.

You may well express wonder or even disbelief at such an occurrence. "Aren't nurses supposed to epitomize sympathy and understanding?" you object. "Isn't the nurse the symbol of concern and mercy"?

You're right. Yet, often within a few minutes the warm, sympathetic comforter of the sickroom turns into the cool, brusque technician of the waiting room.

To be sure, not all nurses exhibit this startling and disconcerting transformation. But any hospital is apt to have a few nurses who display an utter lack of concern for the mental anguish of a patient's relatives and friends, who fail to realize the value of kind and reassuring words. Al-

though the primary duty of the nurse is the care of her patients, little harm and great benefit could result from a more solicitous attitude toward non-patients.

Several factors are probably responsible for this indifferent attitude, but the most prominent one seems to be lack of time. The following statement from a nurse of many years best illustrates this point.

"I just don't have time to explain everything to everybody who is interested in one of my patients. I'm busy enough as it is. Most of the people I see waste enough of my time already. Imagine what it would be like if I encouraged them."

Suppose we suspend judgment on this argument until we've examined the other side—the side of the anxious mother or father, son or daughter, friend or sweetheart? Perhaps then the relative value of time will loom less large.

The average individual stands in awe of hospitals. He finds it difficult to adapt himself to their strangeness. He is restless, bewildered, ill at ease. Add to this feeling of insecurity the natural worry and fear which besets any relative of a patient, and it is readily apparent that he needs some measure of reassurance.

Is time then so important? Would not the mental relief arising from sympathetic explanation more than compensate for any sacrifice of time? It could be, too, that the non-patient would take up less of the nurse's time if the situation were explained to him once and for all.

"Your son has just been put in an oxygen tent," a nurse informed one mother. "No visitors allowed." With that she turned away, leaving the terror-stricken mother staring dumbly in the hallway. She promptly fainted. After reviving her, the nurse quietly explained that many times a patient is placed in an oxygen tent merely to ease him—not necessarily because he is desperately ill.

Naturally the mother, believing the oxygen tent to be a last-resort treatment, had presumed her child to be in serious danger. How could she be expected to know that it is a rather common means of therapy? Much time would have been saved, and much trouble averted, if the nurse had bothered to explain all this in the beginning.

From an explanation of what the oxygen tent meant, this nurse then went on to describe the boy's illness, and to outline the treatment administered in such cases. For the first time in months that mother knew the meaning of serenity and peace of mind. She knew what was happening to her son and why. This experience well illustrates the cardinal point that fear is often simply an outgrowth of ignorance. The fears of relatives usually disappear when they understand what is being done.

Not long ago a young man entered a hospital to have his tonsils removed. In this modern age a tonsillectomy is a simple operation, involving little risk. But in this case,

by William A. Swartworth

complications set in and a hemorrhage developed. For six days he wasn't permitted visitors; his family thought he was dying. No one bothered to inform them that the sole reason for barring visitors was to prevent him from talking, and thus aggravating the hemorrhage. Any plea for information about his condition was dismissed by the nurse on duty with the curt, standard reply: "His condition is satisfactory." For almost a week this family suffered mental torture—needlessly.

One evening last summer, a family group heard the following words, "There isn't much hope. He can't possibly recover." The father was afflicted with cancer of the liver. Everything possible had been done, and now the doctor had to admit that he couldn't save him. It was then that the night nurse took the family aside and patiently explained the whole case. She went into minute detail, answered every question in full, and dispelled any doubts they might have had.

Certainly the relatives were grief-stricken, but they were not seized with senseless fears. Neither were their hopes falsely raised, only to be shattered later. After the initial impact of the death pronouncement, they calmly accepted the eventual loss of their loved one. Judge for yourself whether this was better than not knowing what was in store for them.

It seems clear that nurses can do much to lighten the burdens of fear and anxiety which are inevitably borne by the relatives of patients under their care. After all, it is just as easy to explain things as not to explain them. By doing so the nurse can help everyone concerned, including herself, and the relative will warmly echo the thankful words of the patient—"angel of mercy."

FOR HARASSED PARENTS

• WHAT are we going to do with Johnnie, he won't sleep without a light in the room? Mary Ellen is so selfish, she steals all the children's toys. These and similarly vexing problems familiar to parents, teachers and nurses are discussed in an authoritative and readable pamphlet called *Some Special Problems of Children—Aged 2 to 5 Years*, published by The National Mental Health Foundation, Inc. in association with the New York Committee on Mental Hygiene, State Charities Aid Assoc. The authors, Nina Ridenour, Ph.D. and Isabel Johnson, point out the reasons underlying such behaviour as thumbsucking, enuresis, use of bad language and offer practical suggestions for their solution. Single copies of this valuable guide are available at 25 cents each from The National Mental Health Foundation, 1520 Race St., Phila. 2, Pa. Prices for copies bought in quantities are lower.

CANDID COMMENTS—

THE VALUE OF EXPERIENCE

■ NO REASONING PERSON doubts the need for more education as more knowledge becomes available. But it is not right to believe that average diploma nurses are against college education as such. What these nurses resent is that as the emphasis on academic degrees is increased, there is a corresponding decrease in respect for the value of experience. Nurses whose consciences and minds have been as active as their hands and feet know they have something to give their patients that the inexperienced nurse and the non-professional do not have. They resent having patients denied this skill and resent being denied the opportunity to bring it to them. They resent the implication, all too common, that a college degree automatically insures the bearer the ability to handle any situation no matter how thin may be her actual experience.

A college degree should represent a lot of learning. It should not only increase our knowledge and our abilities to think and study, but it should also develop a philosophy that helps us understand the traditions in which we live. Sometimes the acquisition of a degree does these things, and sometimes it represents little more than the accumulation of points necessary to meet requirements. Under any circumstances the college degree is not a substitute for experience and, conversely, experience is not a substitute for a degree. Both have a place that must be respected.

There are essentials in nursing that can be acquired only through experience. It is important to keep this fact constantly in mind in the growing and sharp trend away from the traditional patterns of nursing education and practice. There is no substitute for experience in learning and practicing nursing. The great respect being given to the academic degrees is valid only when balanced by an equal respect for the very purposes of nursing. Some of the present shortcomings in nursing care are due as much to a lack of proper experience as they are to a lack of nursing personnel.

Nursing must lean heavily toward the sciences both in preparation and practice. We need to increase our knowledge of people, of their reactions to illness and hurt. We need to understand how to use the scientific aids available to them. But nursing can never be only a science, for we deal with complex, unpredictable people, not cut and dried tangibles.

The science of nursing teaches

by Janet M. Geister, R.N.

truths about sickness and its treatment—the art helps us apply what we have learned. The science of nursing teaches techniques—the art reflects the sum total of what these teachings have made of the nurse. A nurse may give a treatment with consummate skill yet leave a patient quivering in fear and pain. A nurse may have topped the class in knowledge of the circulatory system yet be so inadequate in practice that patients get bed sores.

Our understanding of people, our methods of approach, the *quality* of our techniques are all an essential part of nursing care. From books we can learn what to expect in the average patient's emotional and physical reactions to disaster, but we must go to the patient himself to learn how he reacts. The individual's reactions are important for nursing must be a personalized service, not an assembly line technique. More and more do we realize that successful work calls for the treatment of the whole man. The more this truth is borne in upon us, the more we know that the science of nursing must be projected through its art.

The art of nursing is more a matter of development through experience than it is one of education in the classroom. It grows as the nurse's experience grows, and the best teacher is the patient. We learn about people from people, as well as from books. It takes time to accumulate good experience just as it takes time for any good thing to grow. The good gardener uses soil tests, sprays, and follows generally the precepts laid down by science. But only his own experience and observations in transplanting, grafting, weeding help him improve his garden year by year. We gain skill not simply by mastering a technique but by repeated practice of that technique, by learning something, however small, from each repetition. In the present effort to cut down the basic course and eliminate needless repetition in techniques there is danger that the pendulum may swing too far. Commenting on this in *The Almoner*, Brother Daniel Hartnett, Director of Nurses, Alexian Brothers Hospital, Chicago, writes,

> "A nurse may learn the theory of applying a spica bandage, and once he has successfully applied that type of bandage educators will tell us that a repetition is no longer learning; it is exploitation. True, the student has learned the technique. Now practice is necessary for perfection, to make that technique an art. Have you ever seen an injured limb handled skillfully and tenderly without the experience which comes from practice?"

Some of the most productive nursing we see today is done by veterans who know from long observation how to put two and two together and thus understand the patient's total situation.

Years ago when there was much private duty nursing in homes, it was commonly recommended that every new graduate have at least a year's experience in this field. The opportunity to see and treat the patient in

addition to learning techniques, made this practical experience an excellent foundation for other forms of nursing. In my student days we were "exploited" by being put on special duty. The hospital collected $15 a week for our 24-hour a day care of one patient. But *we* collected something much more valuable—an unexcelled experience in patient, continuous observation, in forming judgments, in understanding people. It also gave us an abiding respect for the values of bedside nursing. This seems to me to be an important point, for I believe it to be true that bedside nursing has lost prestige because students' opportunities to know it in its fullest sense are diminishing.

I believe that this kind of internship, modified to today's situations, must again come into vogue. We hear at present a great deal about "integration," the blending of the courses to offer a well rounded whole to the student. This early "exploitation," in spite of its drawbacks, *was* integration. Limited as was the classroom teaching of the time, it was thoroughly integrated with the practical experience of treating patients as people, of watching cases from start to finish, of observing the small as well as the large changes in skin texture, color, in pulse and respiration, in patient behavior.

Better diagnostic and treatment methods and facilities have speeded up the tempo and accuracy of modern care. But Dame Nature has not changed her time tables or her ways, nor does she yet reveal all her se-

Probie

"Are you sure they're for flowers?"

crets to the test tube and film. These magic instruments detect the tangibles; only the sensitive and seasoned eyes and hands of the experienced person can detect the intangibles. One reason for my belief that the necessity for special nursing will continue is that the skilled, bedside study of the patient will never be eliminated. Not long ago a veteran nurse called in late on a seemingly "routine" case, was astounded that neither the young doctor nor nurses had caught the significance of the conditions so carefully recorded on the patient's chart. "These symptoms don't add up right," she warned. "This patient is desperately sick." She was proved right though there was considerable resistance to her "old fashioned" ideas.

While some may insist that all of the 500,000 professional nurses the prognosticators believe we must have in the future should have academic degrees, only experience and experiment can provide the true answer. Ten and twenty years hence we will know better than today what proportion of our nurse population should have degrees and what kinds of degrees they should be. But the acquisition by all or by a part of us of academic degrees should not separate us from our patients. Brother Daniel sums up the need to maintain a balance between the science and art of nursing in his statement, "The nurse who has acquired skill in performance by practice, study and observation is God's gift to the bedside of the sick."

The Army Travels Light

● PARING THE EQUIPMENT of the standard Army Field hospital unit down to its least possible weight so that it will be more useful and better adapted to air transportation, is the weighty task of the Engineering Development Division of the Armed Services Medical Procurement Agency at Fort Totten, N.Y. The present field hospital which provides 75 to 100 beds is a 30-ton affair that includes many massive parts. It is intended to streamline the whole unit so that it can be transported in far fewer than 19 planes. A sizable weight reduction has already been achieved in many items. For example, the new 25-pound adjustable bed of standard hospital height can be folded into a package containing an air mattress, bedside table and small chair. A 117-pound sterilizer will replace one weighing 600 pounds. The engineers are now working on lightening such heavy items as 1,200-pound refrigerators and 2,000-pound x-ray machines. All of the chests designed to contain supplies and equipment are water-tight and could, therefore, be floated onto beach heads. With the help of weight-saving experts in the aircraft industry, the engineering development division is convinced that the goal of a light yet sturdy and highly serviceable field hospital unit will soon be reached. LT. COL. CARLOS F. SCHUESSLER, USAF

A LAMP IS HEAVY

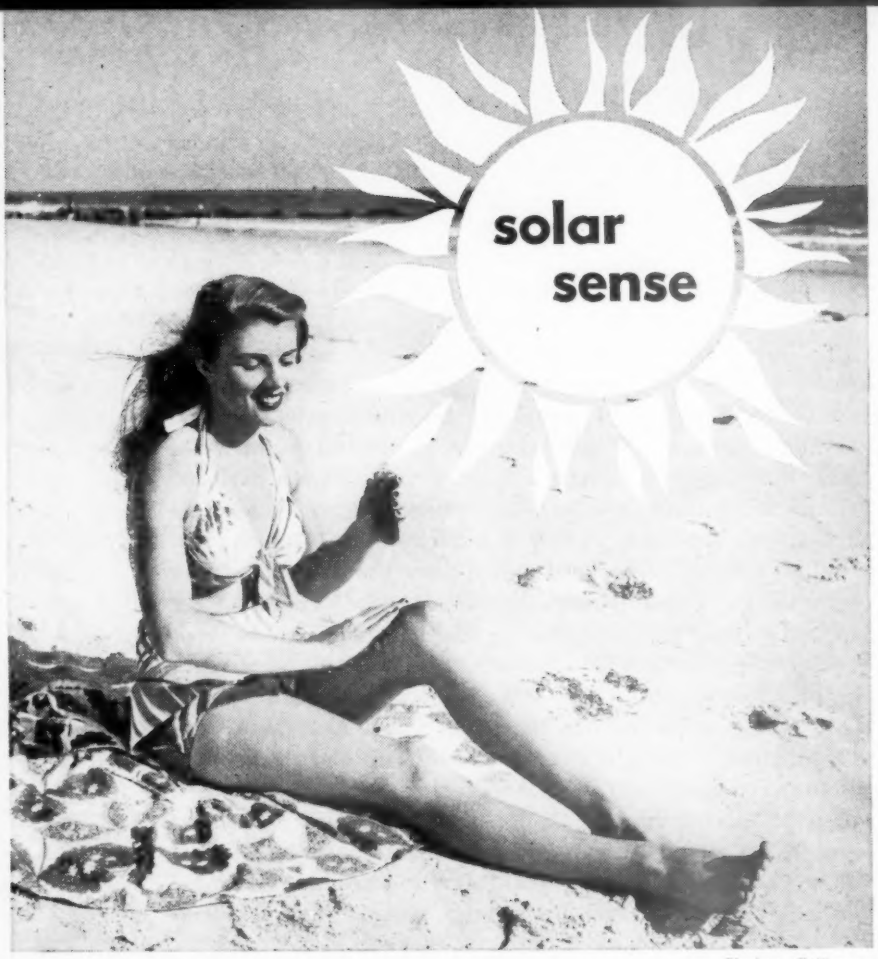
■ **R.N.**'s nomination for the "book of the year" goes to Sheila MacKay Russell's *A Lamp Is Heavy*, published by J.B. Lippincott Company, Philadelphia.

To the book's heroine, Susan Bates, reared under the protective custody of a loving family, nurses were noble figures resembling Edith Cavell and Florence Nightingale, who laid soothing hands upon fevered male brows. Of course, she knew that they sometimes had to deal with "life in the raw" but this was merely a phrase that captured her girlish imagination. It was not until Susan and her classmates, "the Incomparable Twelve," were catapulted into the busy life of a metropolitan hospital that they understood exactly what hospital nursing entailed. Then it was that they came to savor such minor pleasures as a few minutes' rest on a stretcher during a hectic night, an extra hour's sleep in the morning or the news that an exam had been postponed. And there were compensations. Brought close to terror, pain and death, they discovered human beings and, more important, developed a greater understanding of themselves. Susan also discovered love, in the person of Jim Alcott, a handsome intern whom she met while unromantically engaged in scrubbing bedpans.

Sheila MacKay Russell, a Canadian nurse, is well qualified to write on the subject of nursing. She graduated in 1942 from Calgary General Hospital and is a 1945 graduate in public health nursing from the University of Alberta in Edmonton. Between the time of hospital training and public health training, she spent a year in a rural hospital and also a year as a patient in a Tb. hospital where her months of relaxation led to her interest in writers and writing. The illustrations which were taken from *Nurse Please* are by Jean McDonnell, and, unfortunately, do not complement the text.

Mrs. Russell says that she wrote the book because she felt it needed to be written and because she needed to write it. Certain it is that the majority of the graduate nurses reading the book will recapture some of the laughter and tears of their own training days, for this isn't a blown-up fictional account; it's a true-to-life picture of nurses and nursing leavened with adult wit and humor. —FRANCES LEWIS, R.N.

solar sense



Ewing Galloway

■ NOT SO LONG AGO, an American visiting in England was asked by his English host about the popular American custom of sun bathing. It seems the Englishman had heard that in America there were weighing machines equipped not only with scales but with special dials to indicate a person's degree of suntan.

Although we haven't gone that far yet, a pale complexion is generally regarded with disdain by the millions of bronzed sun worshippers who pack our nation's summer playgrounds. Parasols, skin-whitening lotions and other methods of combating suntan are as outmoded as Mack Sennett's bathing beauties, for the bathers of today, whether beauties or not, leave little to the imagination and much to the rays of the sun.

However, sun worship is not a purely American phenomenon, nor is it exclusively modern. Primitive peoples, observing the vitalizing effect of sunlight upon plants, trees and other living organisms, actually deified the sun and built temples in its honor.

Especially appreciative of its therapeutic value were the Greeks and Romans, who often frequented sun bathing chambers. Pliny, the elder, once remarked that "the sun is the greatest cure for many things."

And today's medical evidence on the value of sunlight backs up many of the claims made in an earlier age. It shows that judicious sun exposure does benefit the human body, and in many cases favorably alters the course of certain diseases.

It is well known that rickets, one disease definitely traceable to lack of sunlight or vitamin D, can be prevented or cured by exposing part of the child's body to ultraviolet rays. These rays change ergosterol, one of the sterols in the skin, to vitamin D—the vitamin that affects the absorption, retention and distribution of phosphorus and calcium in the human body. For children and infants who get very little sunlight during the winter months and for infants under one year of age, the use of vitamin D preparations is a standard antirachitic procedure. Irradiated milk is another excellent source of the vitamin.

Diseases reported helped by heliotherapy are skin conditions such as acne and psoriasis, indolent ulcers and wounds, and tuberculosis of the bones and joints, lymph nodes and genito-urinary tract. There is a difference of opinion on its use in pulmonary tuberculosis but most authorities do not favor sun treatment for patients with active and progressive tuberculosis.

Sunlight is also a useful adjunct to specific medical treatment during convalescence from surgery, in secondary anemia, debility and in several respiratory diseases. Many so-called healthy individuals, under the influence of the sun, appear to have improved appetite, digestion and hemoglobin formation. Probably we have all experienced the sense of well being or euphoria that comes from a day in the sun and fresh air.

Those of us in the non-sunshine states especially welcome the summer months as an antidote for winter chills and ills. Eager to take a place in the sun we rush to don our sun apparel and stretch out on the beach, yard, or the roof of the nurses' home, depending upon our free time and finances. But there are pitfalls in this procedure which every nurse knows well. It is advisable to take serious pause before succumbing to that delightful, enveloping warmth, for the villain sunburn lurks right around the corner.

Which of the sun's rays are responsible for sunburn? Physicists sorting out the sun's light waves according to length find that only 13 per cent of the electro-magnetic rays can be seen by the human eye. Infrared rays, longer than the visible red ones, account for 80 per cent of the waves and are responsible for penetrating heat. The remaining 7 per cent, shorter than the visible violet rays, are classified as ultraviolet. These last-named, with the least penetrating power, give most of the health benefits of sunlight as well as the untoward effects of sunburn.

Since ultraviolet rays possess little

penetrating power, it is necessary to be exposed directly in order to obtain the maximum effect. Dust, smoke and fog are barriers to the rays and ordinary window glass shuts out most of them; a clear atmosphere and the sun directly overhead favor their passage to the earth. In winter, due to the obliqueness of the sun's rays, ultraviolet radiation is sometimes cut to 10 per cent of that produced in the same place in the summer time.

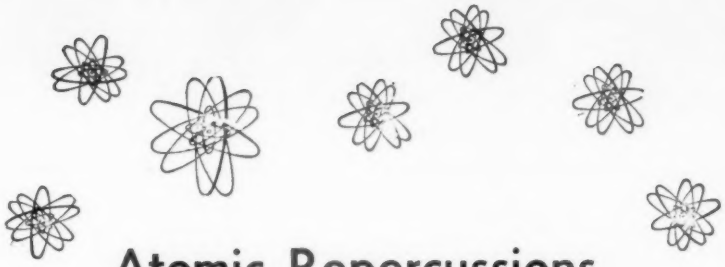
In addition to direct solar radiation, the radiation from the sky, or skyshine, as it is called, and that reflected from the surroundings may contain a large degree of ultraviolet radiation. Because of the ultraviolet rays in skyshine one may become sunburned on the beach even if it is a cloudy day. According to Dr. Richard Kovacs, "the reflection of ultraviolet from the surface of water is twice as great as from a field of grass, but only one fourth as much as from freshly fallen snow."*

All these factors must be taken into account by those who sun bathe. Moreover, people react in different ways to solar radiation. Children, the aged, and blondes and red heads of all ages who do not tan easily may be particularly sensitive, while many individuals exhibit severe reactions because of idiosyncrasies to sunlight.

Although rules for sun bathing necessarily will differ for each person it is well to remember that healthy persons should limit their first exposure to not more than 15 minutes, increasing this by 5 minutes daily during a two-week period. The child who takes summer sun baths can be started about the third or fourth week of age, exposing more and more parts of his body every day for a few minutes, until the whole body is exposed for an hour in the morning and an hour in the afternoon. On extremely hot days the two baths should be limited to a minute each, avoiding the warmest time of the day, the noon hour.

Ideally, the eventual result of sun bathing conducted according to the preceding rules will be an evenly browned [*Continued on page* 51]

*Kovacs, Richard, M.D., *Electrotherapy and Light Therapy*, Lea & Febiger, Philadelphia, Pa., p. 338.



Atomic Repercussions

■ RADIOACTIVE NIGHTMARES are finally disturbing the sleep of U.S. citizens. And since one of the chief lines of defense in the event of an atomic holocaust will be a medical one, our atomic age planners have fixed the spotlight on hospitals and appropriate medical equipment.

From New York City comes word that the New York Medical College and Flower-Fifth Avenue Hospitals in collaboration with the Atomic Energy Commission have begun to stockpile supplies which will be needed in case of an atomic explosion. In the same spirit of preparedness, the USPHS has launched a series of radiological safety courses to be given in various cities to public health physicians, nurses and sanitary engineers. The Atomic Energy Commission is also offering courses in atomic hazards control.

One of the clearest reports on what to expect from an atomic catastrophe was recently issued by the National Security Resources Board. The pamphlet, entitled *Medical Aspects of Atomic Weapons,* is "one of a series designed to meet the needs of Civil Defense Planning Agency representatives of state and local governments, and other citizens interested in the discussion and planning of civil defense."

According to this report, injuries from an atomic explosion might be caused in four ways—by a blast pressure wave; building wreckage; burns from wreckage or radiant heat; nuclear radiation, directly or through residual contamination. From data derived from Nagasaki and Hiroshima, the writers estimate that it would be unrealistic to plan for less than 40,000 to 50,000 severely burned victims of one atomic blast. "Ideal care of a severely burned patient . . . would include provision for 42 tanks of oxygen, three nurses, 2.7 miles of gauze, 36 pints of plasma, 40 pints of whole blood, and 100 pints of other fluids plus drugs such as morphine and the antibiotics." For treating radiation injuries it is claimed that about 250,000 pints of blood would be needed for the first three weeks after the blast!

Since one of the main problems arising from such a disaster will be that of providing adequate medical facilities, it is further recommended that hospital and emergency medical facilities be dispersed over a wide area in order to facilitate rescue work and evacuation of patients.

HYDROUS WOOL FAT U.S.P.

(Emollient)

PROPRIETARY NAMES: Lanolin, Lanolor, Lanoline and others.

PHARMACOLOGY: Hydrous wool fat, commonly called lanolin, is a yellowish-white, ointment-like mass, prepared by mixing the purified fat of sheep wool with 25 to 30 per cent of water. As an emollient, it is used as a vehicle for application of medicinal substances for it is claimed that lanolin can be absorbed by the skin more readily than other bases. Since it serves to soften and sooth irritated skin and mucous membranes, it is frequently employed in preparations for the treatment of sunburn and other skin irritations.

DOSAGE: Preparations containing from 1 to 50 per cent lanolin are applied to form a thin protective film over the affected skin area.

UNTOWARD ACTIONS: There are no known toxic effects since lanolin is an animal fat very similar to the natural skin fats. Occasionally, however, there may be allergenic reactions due to impurities. Unprocessed lanolin has a rather unpleasant odor and is extremely sticky.

DIBUCAINE HYDROCHLORIDE N.N.R.

(Local Anesthetic)

PROPRIETARY NAMES: Nupercaine, Nupercainal (ointment containing 1 per cent Nupercaine in lanolin and petrolatum), Nupercainal Ophthalmic (ointment containing 0.5 per cent Nupercaine), Nupercainal Cream (containing 1 per cent Nupercaine).

PHARMACOLOGY: Nupercaine, a non-narcotic, soluble local anesthetic is used as a topical, spinal and regional anesthetic. The ointment and cream containing this substance are soothing, anesthetic preparations used to ease the pain of burns, sunburn, bedsores, chronic ulcers, anal fissures, hemorrhoids and fissured nipples. They also act as antipruritics. The ophthalmic ointment is prescribed for the relief of pain in many eye conditions.

DOSAGE: The cream or ointment is applied topically over painful areas and covered, if necessary, with a light dressing.

UNTOWARD ACTIONS: Since Nupercaine is an extremely potent and toxic local anesthetic, no more than 1 oz. of the ointment or cream in 24 hours should be used on extensive lesions. As a result of absorption through denuded areas, Nupercainal may cause local necrosis and systemic toxic effects.

BUTAMBEN PICRATE N.N.R.

(Local Anesthetic)

PROPRIETARY NAMES: Butesin Picrate, Ointment Butesin Picrate with Metaphen, Ophthalmic Ointment Butesin Picrate 1 per cent and Butesin 1 per cent.

PHARMACOLOGY: Butamben or Butesin picrate is one of a group of substances classified as slightly soluble local anesthetics which, although they cannot be injected, are sometimes applied to mucous surfaces and wounds because of their slow absorption. Butesin picrate, combining the anesthetic action of Butesin with the antiseptic action of picric acid, is used to relieve the pain of burns, ulcers and other open, painful lesions and also helps to protect denuded areas from infection. An aqueous solution of 1 in 2,000 produces rapid and complete anesthesia of the eye, lasting from 10 to 20 minutes. The topical preparation containing Metaphen has additional antiseptic properties.

DOSAGE: A 1 per cent ointment is applied for burns, sunburn and other skin lesions. Ointment Butesin Picrate with Metaphen contains butamben picrate 1 per cent, and Metaphen 1:5,000, incorporated in an ointment base.

UNTOWARD ACTIONS: Dermatitis has occurred from administration; if a rash develops its use should be discontinued.

PARA-AMINOBENZOIC ACID

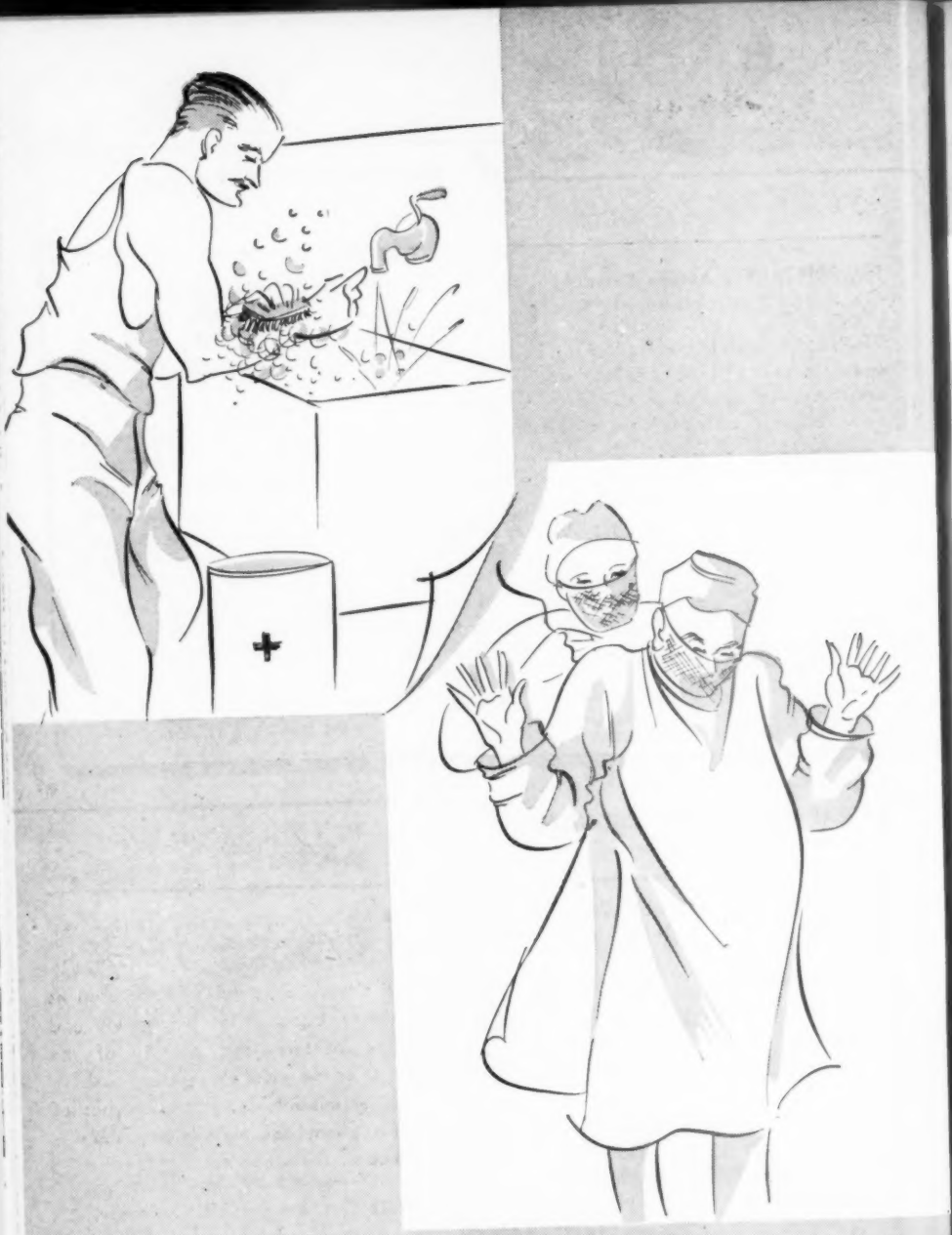
(Sunburn Preventive)

PROPRIETARY NAMES: Tartan (suntan lotion containing **para**-aminobenzoic acid), PABA

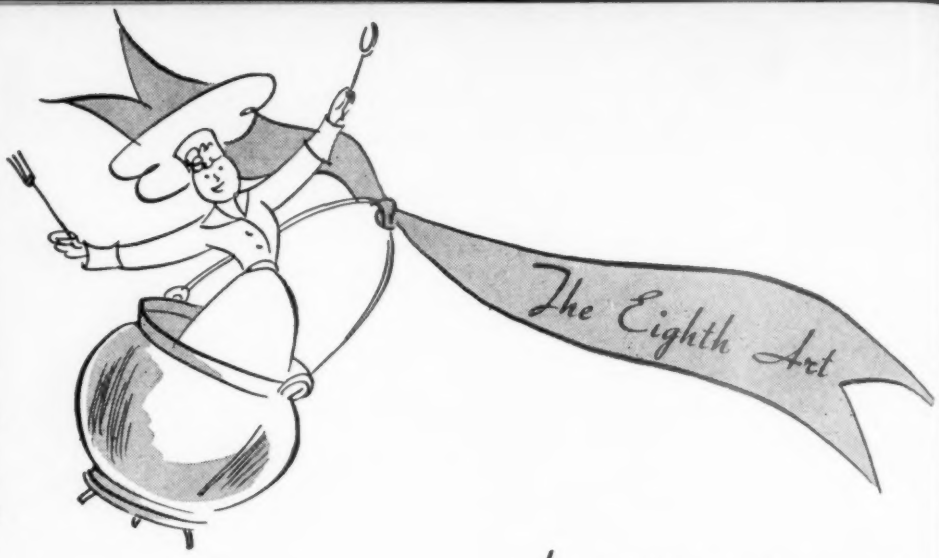
PHARMACOLOGY: **Para**-aminobenzoic acid is a vitamin B complex factor used as an antirickettsial agent, and as a dietary supplement. Essential for the growth and development of certain bacteria, it inhibits the bacteriostatic activity of the chemically similar sulfonamides. The **JAMA** names it as the most satisfactory sunburn preventive because "it is colorless, odorless, readily miscible in different types of vehicles, and is less likely than tannic acid, quinine or phenyl salicylate to produce skin irritation." It acts as a sunscreen, by absorbing some of the sun's rays.

DOSAGE: In treatment of rickettsias, 20 Gm. to 28 Gm. are given daily in divided doses; as a dietary supplement, generally 0.1 Gm. three or four times daily. It is available in powder and coated tablets for oral use. In sunburn prevention it is usually employed in a 15 per cent concentration incorporated in various bases.

UNTOWARD ACTIONS: It may provoke contact dermatitis in susceptible individuals.



Operation Suspended



by Ruth K. Mumbauer, R.N.

IT IS ALMOST a tradition among nurses that they, more than any other group of persons, love to eat. And like all true lovers of good food they are appreciative of, and often practitioners of, the eighth art—the art of cooking. If you are a recipe connoisseur any one of the following books should add something new to your bill-of-fare.

For sheer reading pleasure plus a collection of different and novel recipes, there is *Dining With My Friends* by Crosby Gaige. All this author's friends are apparently inventive individualists in the kitchen, for there is not one ordinary recipe to be found in the 300 pages. The directions are easy to follow and the results will be a delight if you think of cooking as a fine art and really enjoy experimenting with food.

James Beard's *The Fireside Cook Book* is a good bridge between a standard cookbook and the more advanced manual for the epicure. He uses the basic-with-variations type of recipe that is easy to adapt to one's own fancy and such a help when you want a meal that is different yet neither strange nor peculiar. One of its most outstanding features are the colorful illustrations by Alice and Martin Provenson. Then there is the *Modern Encyclopedia of Cooking* by Meta Given which lists almost every known recipe in its two thick volumes. Also included are valuable kitchen hints and hostess helps.

The Wise *Encyclopedia of Cookery* claims to "tell you everything" in its more than 1,300 pages—and it does! In alphabetical rather than the usual topical arrangement, are to be found recipes for plain and fancy

eating of both foreign and domestic origin and notes on buying and preparation of foods. Short dissertations on the history of foods and kitchen equipment are interspersed with such varied information as directions on how to open a coconut, how to build a camp-fire (and what and how to cook over it), and concise directions for making candied violets.

Morrison Wood, gourmet and food expert, has a unique collection of recipes in his volume *With a Jug of Wine*. He says that wine not only accents all good natural flavors of food, but adds a delightful fragrance and flavor of its own. His many recipes show that unusual ingredients are unnecessary to add variety to foods or in creating delicious meals. Use of wine and seasonings will quickly and cheaply lift everyday fare out of the hum-drum into the realm of the excitingly different. For the uninitiated, the author has included a buying guide for American wines. Directions in all recipes are explicit and can be followed by anyone who faces food preparation as an adventure.

If you enjoy a December cooking spree, you will want *The Christmas Cookie Book* by Virginia Pasley. The book itself fairly smells of an old fashioned Christmas as one reads of lebkuchen, springerle, black walnut bars, pfeffernusse, and thin sugar cookies. Of course, there is no rule against baking cookies the other 11 months, too. For gelatin salads and other light fare, consult Florence Arfmann's pertly illustrated *The Time Reader's Book of Recipes*. The choice recipes included in this book were all submitted by readers of *Time* magazine.

Jewish Cookery by Leah W. Leonard is an excellent, accurate, and complete guide to cooking. Mrs. Leonard tells about the Jewish holidays and the foods associated with each day. These recipes, some of which are centuries old, have been tested and written with the modern kitchen in mind. The author is an authority on Jewish culinary art and the book is written in accordance with the Jewish dietary laws. Among her recipes are those for gefilte fish, shtrudel, knaidlach, potato knishes, Russian herring balls, and beet borsht. For anyone who knows and loves Jewish food, this book will bring happy hours in the kitchen—and good eating for many a day.

Two fine books on regional cookery are Jane Trahey's *A Taste of Texas* and Marion Flexner's *Out of Kentucky Kitchens*. Directions are most explicit for preparing the meats and hot sauces so beloved by Texans and the names of the recipes are intriguing—can you guess all the ingredients of "Mincemeat Mother-in-Law"? "Kentucky cooking is a cross section of American cookery at its best," says Mrs. Flexner, and reading her book you will see that she knows what she is writing about. She tells of "fancibles," "fillables" and "sippages," with a delightful commentary that acquaints the reader with Kentucky's [*Continued on page* 54]

Reviewing the News

▶ CALL TO DUTY: With a close eye on the Korean situation, the Army Nurse Corps is going forward with plans for expansion. Phase one of its program is concerned with the immediate placing of 500 volunteer reserve nurses on extended active duty. The second phase, which aims to build up a reserve force of 500 more nurses who will be ready for prompt assignment, has already begun. As a preliminary screening measure, telegrams and letters are being sent to reserve nurses asking them to declare their present status of availability and willingness to serve if necessary.

▶ CAPITOL COPY: A new bill introduced in Congress would offer prizes of $100 thousand a year for life to discoverers of "general cures" for heart disease, polio and cancer . . . After being shelved for this session, the federal medical education bill, H.R. 5940, appeared in the form of a new bill, H.R. 8886, apparently with the hope that the House Interstate and Foreign Commerce Committee would report the bill and that it might bypass the Rules Committee and go directly to the floor for debate and vote. The stratagem didn't succeed, probably because of the strong opposing influence of the AMA, which regards the bill as socialization of health services. Proponents of the bill, however, believe that its purpose, that of alleviating the shortage of medical personnel, is now more urgent than ever, in view of the Korean situation . . . H.R. 6000, which amends the Social Security Act, has been passed by both Houses. It is expected that differences between the Senate and House versions will soon be smoothed out, and the bill swiftly approved and sent to the President for signature. One point that must be decided is whether the employing, non-profit hospital will be compelled to contribute to the Social Security tax (Senate bill) or whether this contribution will be on a voluntary basis (House bill). In both cases the nurse's tax is mandatory, and the ANA has strongly supported the stand that employers' contributions should be mandatory as well. Since nurses in private employment must shoulder their own tax, benefits for them will necessarily be lower than those received under both employer and employe taxation.

▶ ANTIHISTAMINE war between the Federal Trade Commission and five antihistamine manufacturers who were charged by FTC with conducting false and misleading advertising, has been averted. The companies have signed agreements not to advertise that their antihistamine products will cure or prevent colds. However, they can make claims based on their own research that such drugs will relieve, check and

sometimes stop cold symptoms. And as a vindication of the authority of the Food and Drug Administration the companies will still be permitted to state that their products are "safe if taken in accordance with the directions on the label," a statement that the FTC had taken exception to.

▶ FIRST VICTIMS of the Korean war, presumed to be caught behind the lines of the Red Republic's invading army, are six American Methodist missionaries, one of them a nurse, Helen Rosser. Miss Rosser, whose home is in Georgia, attended Vanderbilt University Hospital and studied public health nursing at Peabody College. She went to Korea in 1924, later returning to the U.S. Her present Korean assignment started in 1947.

▶ AN ALL-OUT CAMPAIGN for recruiting polio nurses on the local level is being led by the American Red Cross and the National Foundation for Infantile Paralysis which have adopted policies for the organization and function of local polio nursing committees. It is believed that each community should thoroughly canvass and use its available nursing resources before calling in outside help. More detailed information concerning the procedures for recruitment may be obtained from local Red Cross chapters.

▶ JESSIE M. MURDOCH'S retirement last month from her position as director of the Jersey City Medical Center School of Nursing culminates a long and active career in professional nursing. A graduate of the Stratford General Hospital in Ontario, Canada, Miss Murdoch came to this country in 1903 to take further studies at the Post Graduate School of Memorial Hospital. Hearing of the campaign against yellow fever and malaria in Panama, she entered upon an eight-year tour of duty with the Panama Canal Commission, first holding the position of assistant and later that of chief nurse at the Ancon Hospital in the Canal Zone.

Following 10 years as director of the Post-Graduate Hospital School of Nursing in New York, Miss Murdoch came to the Jersey City Medical Center which is now recognized as having one of the leading nursing schools in the country. In 1941, the twenty-story nurses' home was named Murdoch Hall in her honor. Active in her professional associations, Miss Murdoch served as president of the N.J. State Nurses Association, N.J. League of Nursing Education and State Board of Nurse

Squeo

Examiners. Her retirement agenda is as crowded as has been her professional career. Anne M. Murphy, professor of nursing administration at the University of Indiana and former director of Seton Hall College's School of Nursing, will succeed Miss Murdoch as director.

▶ A RELUCTANT FAREWELL to the visiting nurse service of the Metropolitan Life Insurance Co., which since 1909 has maintained this service for many of its policyholders. Reasons for its termination which will be completed by Jan. 1, 1953, are reported to be: the increasing number of agencies and insurance programs providing nursing benefits, more medical and hospital facilities, and a decrease in morbidity and mortality rates. In 1949 the Company spent $4 million to provide nursing for 800,000 policyholders—one-fifth of all VNA patients.

▶ THE GOLD BRAID PRIVILEGE of Navy nurses, long a disputed point, will now be shared with their sister officers in the WAVES. Under a new uniform directive, the light blue stripes and devices on WAVE officers' uniforms will be replaced with gold ones. Most of the other changes which put all women naval officers into regulation dark blue uniforms will become mandatory on July 1, 1952. In a trend, noticeably different from the Army's recent feminizing of women's uniforms, the Navy has approved the addition of shoulder straps on women officers' raincoats and overcoats, and substitution of the set-in sleeve for the raglan type. Metal rank insignia will be worn on the shoulder straps, and braid sleeve stripes on overcoats will be abolished.

▶ MORE NEGRO DELEGATES attended the 1950 Biennial at San Francisco than any previous convention. Highpoint of the meetings, according to Mrs. Alma Vessells John, executive secretary of the National Association of Colored Graduate Nurses, was the delegates' approval of a two-organization structure. During a series of regional conferences this fall the national membership of the NACGN will vote on the termination of its organization.

▶ ABOUT PEOPLE: The VA reports that *Mrs. Elizabeth Leger Martin* (New York City Hospital; B.S. and M.A. with major in public health nursing, Teachers College, Columbia) has been transferred to the VA regional office in New York City as the chief, nursing unit . . . *Ellen M. Mitchell* (St. John's Hospital, Cleveland, Ohio; B.S., Teachers College, Columbia) is chief, nursing service at the VA hospital, Fort Wayne, Ind. . . . *Mrs. Beulah Greenwalt Walcher*, an Army nurse on Corregidor when it surrendered to the Japanese and interned for three years in Santa Tomas, has been awarded $70,000 damages in her suit against Loew's, Inc. Mrs. Walcher claimed that the manner in which she was presented as the heroine in the movie version of *They Were Expendable* had [*Continued on page* 62]

Keep your sweetness longer with the New finer MUM!

A fresh clean uniform is a symbol to your patients. It stands for cleanliness, for personal freshness, too. Yes, fastidiousness is important to you. Now you can keep that fresh clean feeling *longer* with the new finer **MUM.**

This new **MUM** contains a wonder-working ingredient M-3 which protects against the bacteria which *cause* underarm odor. It not only stops the growth of these bacteria, it keeps down their future growth, too. **MUM** doesn't merely *mask* odor—it interferes with its development.

You'll like the soft creamy texture of this new **MUM** which makes it easy to put on. There is nothing harsh about **MUM.** Nothing to irritate the skin. Nor will it harm even the finest fabrics.

MUM's delicate floral scent will delight you—it's a special fragrance created for **MUM** alone.

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MUM's protection GROWS and GROWS! Thanks to its new ingredient, M-3, **MUM** not only stops growth of odor-causing bacteria but keeps down *future* growth. You actually *build up* protection with regular, exclusive use of new **MUM!** *Now at your cosmetic counter!*

New **MUM** *cream deodorant*

A product of BRISTOL-MYERS COMPANY • 19 West 50 Street, New York, N. Y.

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REFILL KIT $1

Use with any type plastic curlers

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Solar Sense

[*Continued from page* 38]

skin. This change of color is caused by a deposit of a pigment called melanin in the basal cells of the epidermis. But if the rules are ignored, the subject may develop a moderate to severe case of sunburn associated with varying degrees of skin inflammation and eventual desquamation. Undue exposure may lead to pronounced reddening with resultant blistering and tissue destruction. The edema resulting from sunburn is thought to be caused by the release of histamine from the injured basal cells of the epidermis.

Some individuals with extreme sensitivity, such as blondes, patients with hyperthyroidism, menstruating or pregnant women, may react to exposure with dermatitis and itching. This urticarial reaction may sometimes be prevented by the use of antihistamine drugs, which protect the patient against the effects of sunlight until his skin acquires a tolerance. The presence in the body of certain drugs—quinine, fluorescent dyes, endocrines such as insulin and thyroid, heavy metals and perhaps the sulfonamides—may, under ultraviolet radiation, also produce severe dermatitis. This condition of sensitivity is known as photosensitization.

One of the other dangers attending excessive exposure to sunlight is skin cancer. According to the AMA's Council of Physical Therapy, "if the cells of the basal layer of the skin receive an excessive quantity of radiant energy, the two protective processes of cornification and pigmentation become abnormally great (hyperkeratosis and hyperpigmentation) and a third degenerative process starts. Persons lacking in pigment or much exposed to ultraviolet rays show the highest percentage of skin cancer."* In a recent *Journal of the American Medical Association*, however, it was stated that sunlight is not a hazard to a person who courts the sun at intervals only, such as weekends, vacation periods, etc. Of course, one of the less dangerous effects of excessive tanning, but still undesirable, is a dry, leathery, wrinkled skin.

The eyes must be especially protected during sun exposure either by shading or by ultraviolet absorbing glasses, for ultraviolet rays in large quantities may produce conjunctivitis, blepharitis, edema and even corneal erosion. Prolonged exposure may result in color scotomas and constriction of the peripheral field, and some believe that it may lead to lenticular cataracts.

What about the many preparations for preventing and treating sunburn? Fortunately we have a wealth of excellent preventives and remedies in our local drug stores, which for lack of space can..ot be described in detail. The four drugs in *Drug Digest*, page 40, this month will, therefore, consist of representative medications. Butesin Picrate, Nupercaine, and lanolin are frequently prescribed in the treatment of sunburn while *para*-aminobenzoic acid is one of the

*Kovacs, *op. cit.*, p. 335.

substances used in preventive sunburn preparations.

Sunburn preventives are deservedly popular now and should be used by those who cannot withstand sunlight or who must be exposed to the sun for any length of time. Some substances, like certain vegetable and mineral oils, reflect a portion of sunlight thereby reducing some of its intensity. Other opaque materials such as titanium dioxide and zinc oxide prevent any light from reaching the skin. Then there are many screening preparations containing a type of light filter which lessens the intensity of the rays without eliminating them altogether. Menthyl salicylate, benzyl and phenyl salicylates, quinine bisulfate and *para*-aminobenzoic acid are a few of these light filtering substances. Before using any of these preventive preparations, however, it is advisable to test the skin's sensitivity to them, for they may cause allergic reactions.

It should be borne in mind that sunburn may produce disastrous results and that no sun-sufferer should hesitate to seek a doctor's care. After all, skin reactions may be equal to a first or second degree burn with vesiculation and blistering, and if large areas are involved there may be serious sequellae. Constitutional symptoms of fever, chills, and sometimes delirium and collapse frequently follow radiation. Generally, reactions begin a few hours after exposure and reach their greatest intensity in 12 to 24 hours and the patient may require analgesics because of the attendant severe pain and smarting.

In taking sun baths one should bear in mind the old adage that an ounce of prevention is worth a pound of cure. As in other enjoyable activities there is a golden mean that lies between the two extremes, and in the case of sun bathing, this may be called the golden tan.

Persons with blue eyes, those of Irish-Scotch-English ancestry and probably blue-eyed North Europeans appear to be susceptible to cancer caused by sun exposure, according to Dr. A. Fletcher Hall of California, writing in the *Archives of Dermatology and Syphilology*.

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The Eighth Art

[*Continued from page* 45]

charming customs and traditions. From Churchill Downs mint julep and Eggs Derby to Tandy Ellis' burgoo and Belle Christy's stack pie, all recipes are written clearly and accurately. The detailed instructions will invite both beginner and expert cook to prepare this luscious food.

Would you like to browse through an old country cookbook and try your hand at Aunt Ella's prize-winning pumpkin chips, Uncle Jim's elderberry wine, chicken shortcake, or smothered corn? Marguerite Gilbert McCarthy presents these hearty recipes in *Aunt Ella's Cookbook*—a book of typical country fare—high in calories, not economical to prepare—but such good eating.

Whether you cook for yourself, for a family of 10, or one pale invalid, or if you are more or less resigned to institutional fare, but like to read about good food, these many recently published cookbooks are for you.

[List of publishers and prices of cookbooks mentioned in this article are available upon request.—THE EDITORS]

The shaking bed, originally invented by a Kansas City doctor, has three separate speeds which alternately lower and elevate the head and foot, and a motor control button which can be used by either patient or attendant. It has proved of therapeutic value in improving peripheral blood circulation in vascular diseases of diabetes, arteriosclerosis and thromboangiitis.

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Take a puff—DON'T INHALE. Just s-l-o-w-l-y let the smoke come through your nose. Easy, isn't it? AND NOW...

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**Proc. Soc. Exp. Biol. and Med.*, 1934, 32, 241-245; *N. Y. State Journ. Med., Vol.* 35, 6-1-35, *No.* 11, 590-592; *Laryngoscope. Feb.* 1935, *Vol. XLV, No.* 2, 149-154; *Laryngoscope, Jan.* 1937, *Vol. XLVII, No.* 1, 58-60

R.N. Speaks

[*Continued from page* 27]

future. Although this plan unfortunately is not in effect in all hospitals, all nurses should know about it, for they may be the means of introducing it to their hospital.

This specific retirement program is sponsored by the National Health and Welfare Retirement Association which was founded in 1945 for the purpose of maintaining a retirement system "for employes of non-profit institutions, devoted to charitable, health, or welfare work." The Association has three classes of membership. In the plan adopted by the American Hospital Association, the hospital contributes 5 per cent of each participating employe's salary to cover future service annuities while the employe contributes 3 per cent of his earnings, including maintenance, if desired. The normal retirement age is 65 but earlier retirement with reduced annuity benefits may be elected. An employe must be at least 25 to enter the plan and must not have reached his 65th birthday. If he terminates employment before retirement he may either withdraw his own contributions plus 2 per cent compound interest, or leave them in the retirement fund to be used when he reaches retirement age. One excellent feature of the plan now lacking in most individual hospital pension programs, provides that a covered employe transferring to another hospital which is a member of the Association can carry his service credits with him.

To illustrate the benefits received under the plan: A woman who enters the plan at 30 years of age and is paid a salary of $1,800 per year until her retirement age of 65, would receive $502.20 a year, or about $42 a month, as long as she lived. This seems like a modest amount, but combined with Social Security, it would furnish a fair degree of financial independence.

That the Association has progressed rapidly since it was established four years ago is shown by the increasing number of participating members. On its rolls are more than 2,200 welfare agencies, including hospitals, visiting nurse associations, child welfare institutions and a num-

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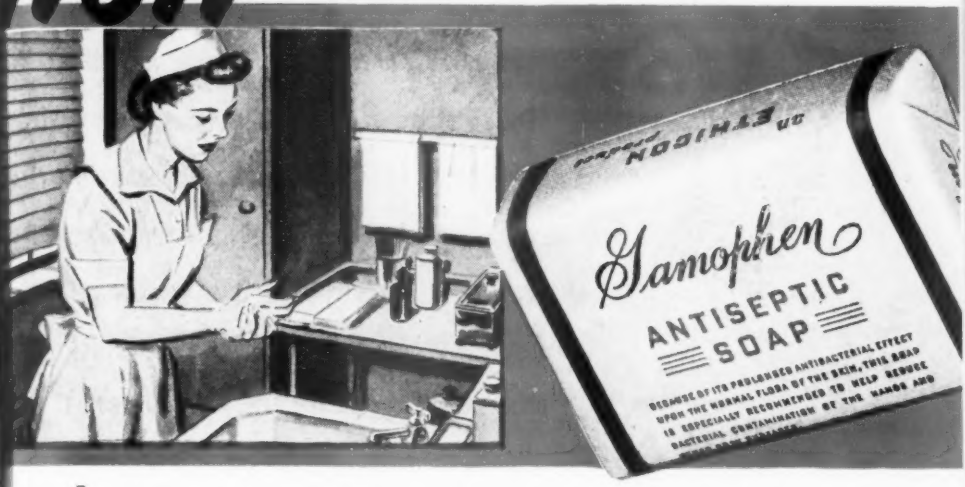

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- ✓ face daily exposure with confidence

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The hexachlorophene exerts a prolonged antibacterial effect against the resident flora of the skin, gram-positive and gram-negative organisms, pathogenic and non-pathogenic bacteria.

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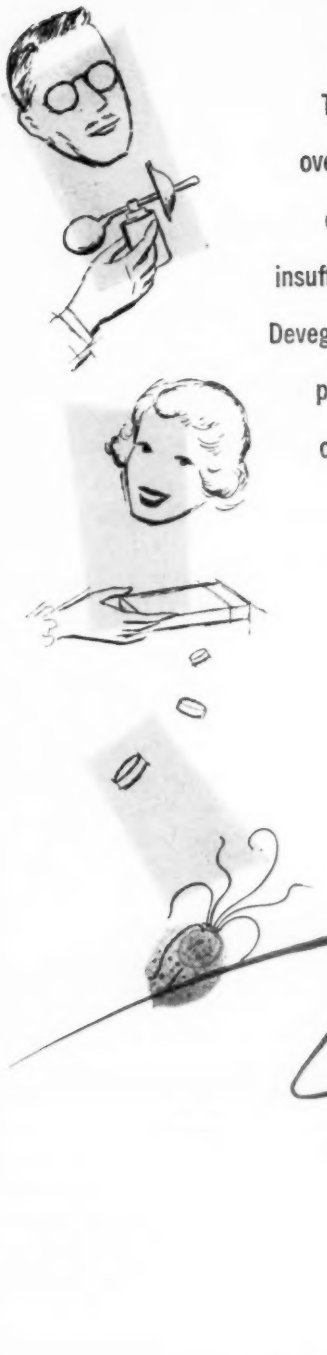

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ber of community health centers.

This is a fine solution for the institutional nurse who does not have the pension advantages of nurses employed in industry or in federal, state and city organizations, but what about the private duty nurse? Although seemingly out on a limb in the plans discussed thus far, private duty and all other nurses do have one important recourse, the Harmon plan [see **R.N.**, Aug., '49]. The Harmon Association, a nonprofit agency, offers a flexible group annuity plan for nurses either on an individual basis or through a participating employer. In the latter, both employer and employe pay into the retirement fund. As an annuity program geared especially to the needs of nurses throughout the country, it has not yet been surpassed.

Since the provision of an adequate retirement income is a common problem among nurses, it might be pertinent to ask what our professional association has done about the matter. For several years the ANA has discussed and investigated the possibility of offering retirement plans to its membership but so far it has come up with no feasible program. At the recent Biennial, the chairman of the ANA Committee on Retirement Plans for the Membership of the ANA reported lengthily on a plan which takes top honors as far as impracticality is concerned.

To be perfectly just to the Committee, however, investigation and study of this pension plan, which was initiated by the Alumnae Association of the Lenox Hill Hospital School of Nursing in New York City and the ANA Private Duty Section, was requested by the ANA House of Delegates in June, 1948. In addition, the delegates also empowered the ANA Board of Directors to establish a pension or retirement fund as soon as possible if the Lenox Hill plan was not found to be workable.

The first request, concerning the investigation of the Lenox Hill plan, was complied with thoroughly—too thoroughly, so thought many of the 1950 Biennial delegates as they listened to the detailed, preposterous findings of the Committee's long drawn out study. In fact, one exasperated delegate asked pointedly just how much money had been spent on the project. The question wasn't answered, but it would be interesting to know.

The plan, which aimed to provide a pension of $50 per month at 65 for all nurses who are ANA members at that age, cannot be described in detail here, but, in brief, its financing depended upon compulsory contributions by nurses and voluntary contributions by the general public. Individual ANA members, each contributing $25 annually through increased dues, would furnish about one-fifth of the monthly pension at 65, and the public would (supposedly) give four-fifths, or approximately $100 annually per ANA member. The plan, which would not pay benefits for 10 years and even then could not guarantee a stable amount, did not provide for beneficiaries, nor refund of dues in case of death or withdrawal from ANA membership

before age 65. The point was made by the Committee that most nurses would not favor an appeal to the public through an official fund raising agency to support them in their old age, and in this the house of delegates heartily concurred.

Regarding the second request, to establish a pension or retirement fund as soon as possible, the Committee reported that on the basis of studies made so far it has concluded that a membership plan for retirement is not feasible for the ANA. However, it will continue to study various plans and it suggested that "each state have a committee on insurance and retirement, the chief function of which would be to work with the ANA in collecting material, evaluating it and giving accurate information and guidance to nurses on the very important subject of insurance and retirement."

So far as can be determined there are no retirement plans for membership organizations in existence, although the Council on Insurance of the American Dental Association which already offers its members a term life insurance policy, is currently investigating the possibilities of making a retirement insurance plan available. The barriers appear to be excessive cost, heavy administrative burdens and the absence of the customary employer-employe relationship. The latter is important, for according to a statement of the ANA's legal counsel made in 1947, concerning the conducting of a retirement plan by state nurses associations, the laws of New York and California allow only an employer group to participate in such a plan.

The funding of a private pension plan is a financial problem which has stumped not only professional organizations, but also leading industrialists who have inaugurated such plans—and the solution still goes begging. However, it is hoped that reliable retirement programs will soon be available for all income-earning citizens so that they can provide for their old age without dependence upon an overly paternalistic government.

Security is not the only aim in life, but it is an important one. And it is going to become even more important as the proportion of aged persons in the population increases. Today there are 11.5 million aged people and it is estimated that by 1980 this figure may climb to 19 million. These millions of oldsters—many of them nurses—will not want charity, but they will want the security of an independent income.

—FRANCES LEWIS, R.N.
Associate Editor

A bibliography, *Psychiatric Nursing and Mental Hygiene-1900-1948*, containing articles from the *American Journal of Nursing* and *Public Health Nursing*, and subdivided into four sections—general, nursing service, nursing education, and community aspects of mental health, may be obtained for 75 cents from the National League of Nursing Education, 1790 Broadway, New York 19, N.Y.

News

[*Continued from page* 48]

thereby cheapened her reputation and subjected her to public notoriety . . . *Renilda Hilkemeyer* (St. Mary's Hospital, St. Louis University), has resigned her position as assistant executive secretary of the Missouri State Nurses Association to become consultant in nursing education for the Bureau of Nursing, of the Missouri State Division of Health . . . *Mrs. Lulu St. Clair Blaine* has retired as executive director of the Michigan Nursing Center Association. Mrs. Blaine is civilian nurse consultant to the Army Nurse Corps and nurse representative on the Governor's Commission on Civil Defense . . . *Mary Ella Chayer*, the author of *School Nursing* and *Nursing in Modern Society*, and who has been on the faculty at Teachers College Division of Nursing Education, Columbia University, for 20 years, retired on July 1 . . . In an obvious double play, the ANA quietly switched harnesses but kept the same horse when it appointed David U. Snyder as P.R. counsel. Until recently, a key figure on the staff of Edward L. Bernays, Mr. Snyder is now with Executive Research Inc.

▶ AGED CITIZENS and their social and economic problems will be the subject of the first nationwide Conference on Aging to be held in Washington, August 13-15 at the request of President Truman. A 40-page report compiled by six Federal agencies and called "Programs for an Aging Population" will be the basic text for the conference.

▶ ORS, a new journal for the operating room supervisor and staff, made its debut in June. The first 17-page issue, distinguished by a smart layout, and features on O.R. procedures, products, and feminine fashions is published by Davis & Geck, Inc., makers of surgical sutures.

▶ NEWSLINGS: St. Vincent's Hospital, Green Bay, Wis., has been holding one-day institutes for expectant mothers. Features of the program, besides lectures and discussions on prenatal and postnatal care, are luncheon served by the

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hospital, entertainment, and talks on maternity and baby fashions . . . "Are You in the Know?," a quiz appearing in a Kotex advertisement, recommends the career of nursing to high school graduates who want to know what to do after graduation . . . A radioisotope laboratory, one of the few of its kind in America designed solely for medical research, has been opened at the National Institutes of Health of the Public Health Service at Bethesda, Md. . . . Better polio care for U.S. citizens will be assured by the March of Dimes grants to the National Organization for Public Health Nursing which total $79,281. The much-needed money will enable NOPHN and NLNE to continue the Joint Orthopedic Nursing Advisory Services [**R.N.**, July] . . . The Department of Hospitals in New York City recently advertised in 34 newspapers in eight states in an effort to recruit nurses. At present the City's hospital system needs about 2,000 more professional R.N.'s . . . According to *Washington Report on the Medical Sciences*, the Senate Rules Committee has approved a $37,800 budget to allow the Senate Labor and Welfare Committee to conduct an eight-months' study of voluntary prepayment plans and other aspects of health insurance . . . The FDA has warned that a drug sold as uncoated oxylin tablets may cause poisoning in sensitive people because of its boric acid content. No actual cases of poisoning have been reported.

► A SPOT-CHECK of the nursing situation in New York City, made by the NEW YORK TIMES, revealed that it is difficult for many nurses to make ends meet. One quoted authority stated that a graduate nurse earning $2,400 a year—the starting salary in both voluntary and municipal hospitals—would have only $6.11 left after deducting for rent, clothes, taxes, carfare, church dues and other expenses. According to the reporter, the general staff nurse will earn no more after 20 years than after four —$2,820 in most voluntary hospitals and $2,880 in the city hospitals. The starting salary for VA nurses in the area is $3,400.

Although the city hospital department has raised salaries to $2,400, set up a pension system, offers vaca-

tion and sick leave with pay, and provides two free meals daily, there are now only 2,400 R.N.'s in the city's hospital system—a system which has 6,000 nursing jobs available. The large gap is being filled by non-professional attendants.

Some of the factors affecting the shortage were cited as frustration resulting from inability to pay attention to the finer points of patient care and the run-down condition of many of the city hospitals. The author, Lucy Freeman, says *that one reason why some nurses prefer to work in a voluntary hospital is the greater opportunity to receive money and gifts from private patients.* [Letters of protest to the latter conclusion should be addressed directly to the NEW YORK TIMES; R.N.'s tiny postoffice is too inadequate for the expected deluge.—THE EDITORS]

► EUTHANASIA was formally denounced in a resolution adopted by the legislative Council of the World Medical Association, representing more than 500,000 physicians of 40 nations, at a recent session in Copenhagen, Denmark. Euthanasia was declared as being contrary to the Association's formal declaration and code which stipulate that "a doctor must always bear in mind the importance of preserving human life from the time of conception until death." The Medical Society of the State of New York, representing 2,300 doctors, has also gone on record "as being unalterably opposed to euthanasia and to any legislation that will legalize euthanasia."

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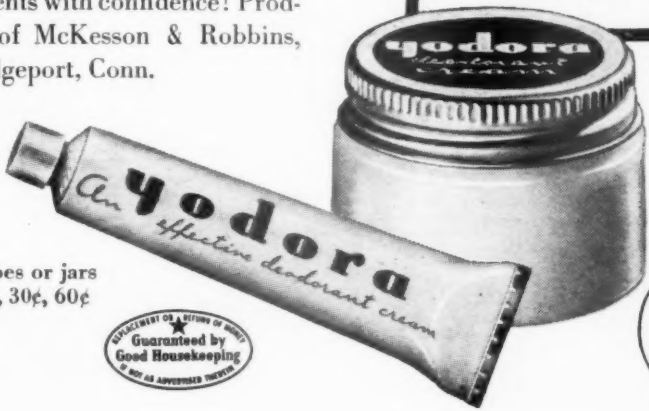

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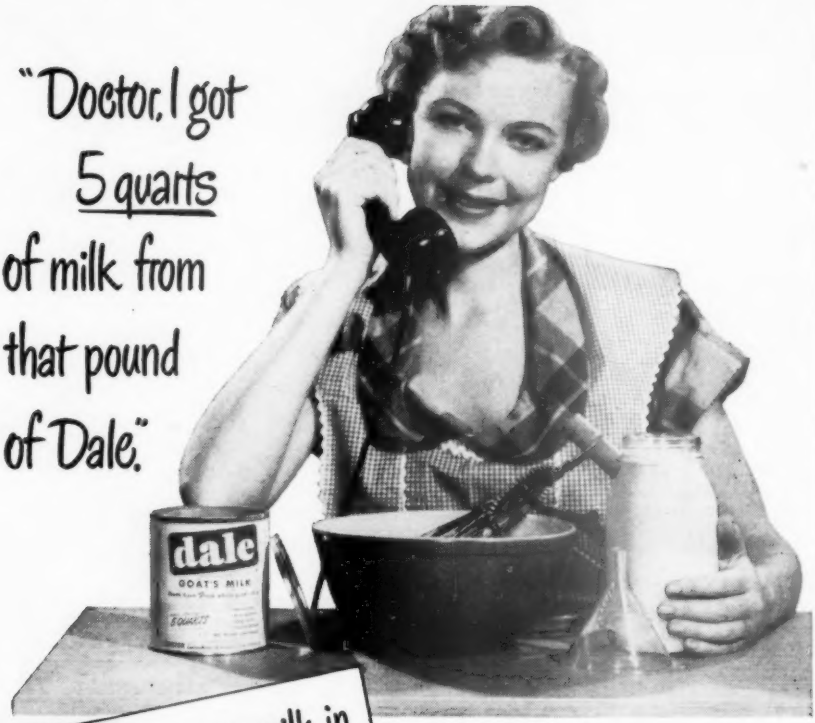

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ADMINISTRATOR: New hospital, 75 beds, nearing completion. College town short distances from several large cities. Midwest. RN8-1 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ANESTHETIST: Fairly large general hospital. University town, Pacific Northwest. $4200, maintenance. Extra compensation for calls. RN8-2 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ANESTHETIST: For modern, 250 bed general hospital. No maternity. Starting salary $325. Increase semi-annually. Two meals and laundry. Apply Superintendent. Sutter Hospital, Sacramento. Calif.

ANESTHETISTS: (a) 100 bed approved hospital famous Florida beach resort. $4000 yearly. (b) Active clinic with 30 specialists on staff. Illinois college town. $2600, apartment available. (c) Well-established five-man clinic near Tulsa, Okla. $4200 yearly. Attractive hours, excellent working conditions. (d) Large approved hospital near eastern capital. Staff of six. Excellent working conditions. $4200 plus maintenance. (e) Small approved hospital eastern Texas. $4200, maintenance. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill

ANESTHETISTS: Central California Hospital with outstanding surgical dept. Large staff employed. $300. Apply Norma Rohl, The Medical Center Agency, 26 O'Farrell St., San Francisco, Calif.

CLINICAL INSTRUCTOR: Medical and Surgical with B.S. in nursing for 110 bed hospital, 60 students. Salary open. Apply Director of Nurses, Misericordia Hospital, Milwaukee 3, Wis.

COLLEGE NURSE: Women's campus of liberal arts college. Small infirmary. Ample number of assistants. Middle West. RN8-3 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

DELIVERY ROOM SUPERVISOR: For general hospital, 210 beds. In attractive residential suburb of Chicago, 30 minutes from Chicago loop. All graduate nursing staff. 44 hour week. Living accommodations if desired. Substantial salary to qualified applicant. Apply to Director of Nursing, MacNeal Memorial Hospital, 3249 S. Oak Park Ave., Berwyn, Ill.

DIRECTOR OF NURSES: Fairly large hospital specializing in tuberculosis work. Delightful location, coast of California. RN8-4 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

DIRECTORS OF NURSES: (a) Medium-sized approved southern hospital with university affiliation. $6000. (b) 100 bed psychiatric hospital adjacent New York. $3600, maintenance. (c) 100 bed general hospital, southeastern college town. $4000, maintenance. (d) 200 bed hospital with college affiliation. $5000, maintenance. Middlewest. (3) Large, approved New York hospital, pleasant Long Island Sound location. Minimum $5000, maintenance. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

DIRECTOR OF NURSING SERVICE: Relatively new hospital, 150 beds, serving residential area of eastern metropolis. RN8-5 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

DIRECTOR OF NURSING SERVICE & SCHOOL: Fully accredited 110 bed hospital in small town convenient Buffalo and Rochester. School affiliated with university. Good executive required, Master's Degree preferred. Salary $4200, plus maintenance, including pleasant apartment. Four week vacation, sick leave cumulative, retirement plan. Supt. Community Hospital, Warsaw, N.Y.

EDUCATIONAL DIRECTOR: (a) Approved Florida hospital, noted resort community. $4500 yearly. (b) Large, approved hospital, splendid location near Philadelphia. Minimum $3600. (c) 150 bed general hospital, northwestern college town. $4000. (d) 200 bed hospital, Texas college town. $3600, maintenance. (e) Assistant Principal School of Nursing. 300 bed hospital, Northwest university town. $3600. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

EDUCATIONAL DIRECTOR: Collegiate school, residential town of 70,000 near Chicago. $4200, maintenance. RN8-6 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

EDUCATIONAL DIRECTOR AND NURSING ARTS INSTRUCTOR: Immediate openings. Hospital connected with a large clinic and is located in the capital city. A new addition is being added to the hospital this summer. The Bismarck Hospital, Sixth and Thayer, Bismarck, N. Dak.

FOREIGN APPOINTMENTS: Superintendent of nurses, assistant superintendent of nurses, anesthetist, staff nurses. General hospital, town of 40,000, island in the Pacific. Temp. averages 81° year round, healthful climate. RN8-7 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

GENERAL DUTY NURSES: Wide range of locations in new and older established hospitals throughout California. Norma Rohl, The Medical Center Agency, 26 O'Farrell St., San Francisco, Calif.

GENERAL DUTY NURSES: Preferably with experience. One for permanent night duty in newborn nursery (45 bassinets). Also one for medical and surgical ward. Salary $215 plus meals and laundry. $10 increase after 60 days. Living accommodations if desired. Attractive new nurses' residence to be opened in November. 210 bed general hospital in residential suburb of Chicago. Apply to Di-

[Turn the page]

rector of Nursing, MacNeal Memorial Hospital, 3249 S. Oak Park Ave., Berwyn, Ill.

GENERAL DUTY NURSES: Male and female. 5 day, 40 hour week. $200, full maintenance. $230, one meal, laundry. Sick leave, paid vacation, civic, state, national holidays. Apply Supt. of Nurses, Municipal Contagious Disease Hospital, Chicago, Ill.

GENERAL STAFF NURSES: For Medical, Surgical, Obstetrical, Pediatric and Operating Room divisions. All periods. Permanent night duty. 210 bed hospital in attractive residential suburb of Chicago. Six holidays, two weeks' vacation with pay, 44 hour week. Salary: days $200, evenings $210, nights $215, plus meals and laundry. Living accommodations available in nurses' home or modern apartment building. After 60 days satisfactory service salary increase of $10 per month. Apply to Director of Nursing, MacNeal Memorial Hospital, 3249 S. Oak Park Ave., Berwyn, Ill.

GENERAL STAFF NURSES: For 75 bed community hospital. 8 hours a day, 5 and one-half days a week. Rotate shifts. Salary open. Apply to Director of Nurses, Somerset City Hospital, Somerset, Ky.

GENERAL STAFF NURSES: Positions available on most services. 40 hours, 5 day week. Salary $220 per month for rotating day, evening and night duty. Additional $10 per month for permanent evening duty and $5 per month for permanent night duty. Salary raises based upon merit to a maximum of $250 per month. All university holidays with pay. 12 work days paid vacation yearly. Accumulative illness allowance 12 work days yearly. If desired rooms provided for $20 per month. Hospital cafeteria meals at reasonable prices. Write Director of Nursing, University Hospital, Ann Arbor, Mich.

GRADUATE NURSE: Complete charge of 20 bed hospital. $200 per month. Board, room and laundry furnished. Inquire I.O.O.F. Home, Mason City, Iowa.

HEAD NURSES: For gynecological and medical-surgical floors. Teaching hospital. $250 increasing to $300. Opportunity for continuing studies. University medical center, Middle West. RN8-8 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

INSTRUCTORS: (a) Clinical. 100 bed hospital Long Island summer resort community. $3000, maintenance. (b) Nursing Arts, 300 bed hospital, eastern college town. $4000. (c) Science Instructor. 100 bed hospital, Atlantic seashore resort, southern Florida. $3600. (d) Clinical Instructor in Psychiatric Nursing, midwest mental hospital. $4000. (e) Social Science Instructor. 200 bed hospital, South Atlantic State. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

INSTRUCTORS: In accredited Idaho Hospital. Director nursing arts instructor, maternity, clinical and surgical instructors. Salaries range to $260. Norma Rohl, The Medical Center Agency, 26 O'Farrell St., San Francisco, Calif.

INSTRUCTORS: Following positions open: Clinical Instructor, Medical Division and Clinical Instructor, Surgical Division. Address Director of School of Nursing and Nursing Service, The Toledo Hospital, North Cove Blvd., Toledo 6, Ohio.

MALE NURSES: Medical dept., foreign operation, large industrial company. Duties include supervising and training native female nurses. RN8-10 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

NURSE ANESTHETIST: For approved hospital near Huntington, West Virginia. $300 per month with full maintenance. 40 hour week, no emergencies, no night calls. Morris Memorial Hospital for Crippled Children, Milton, W. Va.

NURSE ANESTHETIST: For 800 bed general hospital. Staff of 2 medical anesthesiologists and 10 nurse anesthetists. Cash salary $343 monthly with merit rate increases. Month's vacation with pay, accumulative sick leave. Director of Anesthesia Department, Medical College Hospital, Richmond 19, Va.

NURSE ANESTHETIST: Approved hospital near Detroit. $365 per month. Overtime after 40 hours per week. Living quarters available. Wyandotte General Hospital, Wyandotte, Mich.

NURSES: Director of Visiting Nurse Association, Syracuse, N.Y. 15 professional, 1 practical nurse, 2 clerks, morbidity, maternity and intensive health counselling service, university affiliation. Chest agency, rotating Board. 37½ hours, 5 day week, 22 vacation days, 12 days with pay illness allowance. Qualifications as per NOPHN. Salary depends on background. Apply Mrs. Donald McChesney, Piercefield Drive, Syracuse 9, N.Y.

NURSES: General duty, nead and supervisory nurses in acute communicable, TB or general emergency hospitals. Public health nurses and public health nurses in training. Salaries from $2876 to $4573. 40 hour week, no split shifts. Paid vacations, duty disability allowances. Sick leaves, maternity leaves, pensions, death and sickness benefits. Apply Detroit Civil Service Commission, 735 Randolph, Detroit 26, Mich.

NURSES: Operating Room Nurse and General Duty Nurses in small well-equipped hospital in San Joaquin Valley town within easy travel distance of San Francisco. 40 hour week, top salaries. Write Administrator, Tracy Community Memorial Hospital, Tracy, Calif.

NURSES: Staff. Eligible for registration in Michigan. Needed for all services in modern 200 bed hospital. Salary $216 per month for 44 hour week. 6 months increase. $10 extra for 3-11 and 11-7 duty. 7 paid holidays, 2 weeks' vacation and 12 days sick leave per year. Cafeteria meal service. Laundry furnished. Apply Director of Nurses, Pontiac General Hospital, Pontiac, Mich.

NURSES: For 390 bed tuberculosis hospital affiliated with Western Reserve University. 40 hour week. Salary $240 to $270. Maintenance available at minimum rate. Meets approved minimum employment standards of State Nurses' Association. Usual holidays, vacation and sick allowance. Advancement for desirable applicants. Apply to Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio.

NURSES: Medical, Surgical, Obstetrical, Psychiatric, Operating Room. 325 bed hospital. 40 hour, 5 day week. Maintenance available. $195 per month, added pay for nights and relief. Increases every 6 months. Well-organized staff education program for both recent graduates and experienced nurses. Write Director Nursing Service, The Charles T. Miller Hospital, Saint Paul 2, Minn.

NURSES: The National Blood Program of the American National Red Cross offers a different professional nursing specialty to nurses who can fill Chief Nurse and Deputy Nurse positions in blood centers. A college degree or at least two years of college work is required, as well as experience in public health nursing, teaching, administration, and public relations. Blood bank or operating room experience is desirable but not required. Inquiries should be directed to Mr. Norman A. Durfee, Administrator for Personnel Services, National Headquarters, American National Red Cross, Washington 13, D.C.

NURSES: The largest Eye Hospital in the United States offers a 6 months' course in nursing care of the eye to graduates of accredited nursing schools. Operating room training is included in the course. $110 per month and maintenance is provided for first four months. For next two months the compensation is $120 and maintenance. Registration fee is $15 which takes care of pin and certificate. Apply to Wilhelmina Patterson, R.N., Supt. of Nurses, Wills Hospital, 1601 Spring Garden Street, Philadelphia 30, Penna.

NURSES: New, modern, efficient 200 bed hospital in Minneapolis, Minn., desires general duty nurses, head nurses, supervisors and suture nurses. Base salary general duty $200 month, semi-annual increases. Excellent personnel policies, delightful working conditions. Rooms available in community at nominal fee. Meals furnished at cost. Write Mount Sinai Hospital Association, 2345 Kennedy St., N.E., Minneapolis 13, Minn.

NURSES: Immediate openings in the Texas Medical Center for registered nurses. Maximum beginning salary for general staff nursing $220 per month plus uniform laundry. 44 hour working week, paid vacation, sick leave, holiday time. Apply to Director of Nursing Service, Hermann Hospital, Houston, Texas.

[Turn the page]

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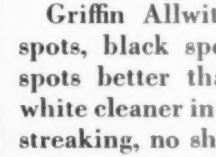

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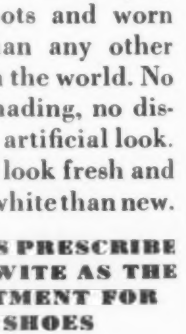

NURSES: Children's Hospital in Washington, D.C. offers a six months' Post-Graduate Course in Pediatric Nursing. Classes begin January, April, July, October. Address inquiries to Director of Nursing, Children's Hospital, 1220 W. Street, N.W., Washington, D.C.

NURSING ARTS INSTRUCTOR: Also Science Instructor. Degree required. School of Nursing centrally located in Metropolitan Area of Philadelphia. Salary, maintenance if desired. 44 hour week, 6 full or 12 half holidays, 4 weeks vacation and sick leave. Write Director of Nurses, Hahnemann Medical College and Hospital School of Nursing, 230 North Broad Street, Philadelphia 2, Pa.

NURSING ARTS AND CLINICAL INSTRUCTORS: Large voluntary hospital, beautifully located in eastern state near university center. $3700-$4400, maintenance. RN8-9 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

OFFICE NURSE: To assist internist, Diplomate American Board. Busy private practice, one of larger cities in Calif. RN8-11 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

OPERATING ROOM SUPERVISOR: General, 350 bed hospital, metropolitan area of East. $4200, maintenance. RN8-17 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

OPERATING ROOM SUPERVISORS: (a) Small, approved hospital vicinity Middlewest state capital. $3600, maintenance. (b) 200 bed hospital, southwestern university and resort community. $4200 yearly. (c) 200 bed hospital, prosperous community of 70,000, Chicago area. $3600 yearly. (d) 250 bed approved hospital, new operating room suite, good working conditions. $4200 yearly. Philadelphia area. (e) Large tuberculosis hospital, approved medical school. To $4500 per annum. East Coast. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

OUTPATIENT SUPERVISOR: Relatively new hospital specializing in tuberculosis work. Liberal salary including use of station wagon. College town, 100,000, Middle West. RN8-16 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

PUBLIC HEALTH NURSES: Several. To serve as industrial health consultants. Educational program of large industrial company. Headquarters in Chicago, Boston or New York. RN8-12 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

PUBLIC HEALTH NURSES: Vacancies in Health Department, New York City. Generalized services including Maternal and Child Care, School Health and Communicable Disease Control. Immediate appointment on provisional basis. Starting salary $2400. 37 hour week, liberal vacation allowance, in-service training. Write Bureau of Public Health Nursing, City Health Department, 125 Worth Street, New York 13, N.Y.

REGISTERED NURSE: For private psychiatric hospital. Must have best of references, be competent, reliable and able to assume responsibility. Salary is $11 per day. To work relief shift, five or six days per week, and live outside the hospital. Meals are furnished while on duty and uniforms laundered. Write The McMillen Sanitarium, 840 N. Nelson Road, Columbus 3, Ohio.

REGISTERED NURSE: Private boys school (English) in Rio de Janeiro. Capacity 40 pupils. Pleasant work, beautiful surroundings. Passage paid from New York. Return passage guaranteed after 3 years. For details write, enclosing snapshot, via registered airmail to John Armstrong, Caixa 145, Petropolis, E de Rio. Brasil.

REGISTERED NURSES: For general duty in 360 bed general hospital. Starting salary $175 per month with maintenance. $200 per month with partial maintenance. Rotating shifts, 2 weeks' vacation, 30 days' sick leave, 6 holidays with pay. 44 hour week. College courses available through night classes at local university. Apply Director of Nurses, Greenville General Hospital, Greenville, S.C.

REGISTERED NURSES: For all shifts and departments. Exceptionally good salary, with or without complete maintenance. Vacation with pay, 44 hour week. For interview write Highland Hospital, Belvidere, Ill.

REGISTERED NURSES: Busy 50 bed, 12 bassinet hospital. Starting salary $210, increase $5.00 each six months up to $225. Pleasant working conditions, college town. Apply Director of Nursing, Central Michigan Community Hospital, Mt. Pleasant, Mich.

REGISTERED NURSES: (a) Office Nurse. Interesting opportunity with well-established pediatrician. Pleasant working conditions. (b) Charge Nurse, Outpatient Department, 200 bed tuberculosis hospital Indiana college town. $3000 yearly, plus maintenance. (c) Office Nurse for physician with active general practice and his own surgery. 5½ day week. $2600 plus annual bonus. Michigan resort region. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

REGISTERED NURSES: Staff. 40 hour week. $200 per month (Delivery Room $205), $15 monthly bonus for 3:30-12 and 12-8 duty. Operating Room $235 per month. 6 month increments. Buy meals, room as desired. Near Columbia University, makes it possible for part-time study. Director of Nurses, Woman's Hospital, 141 W. 109 St., New York 25, N.Y.

REGISTERED NURSES: Delivery Room, 11-7 shift, also General Duty, 3-11. Salary open. 6 day week. 8 holidays per year. Full maintenance and laundry of uniforms. 2 weeks' vacation, full pay and liberal sick leave. Apply Director of Nurses, Newcomb Hospital, Vineland, N.J.

REGISTERED PROFESSIONAL NURSES: Desirable general staff positions in obstetrics, operating room, medical and surgical services. 44 hour week. $8.40 per day. $8.60 per evening or night. 3 month and annual increases. Free laundry of uniforms. Progressive vacation policy. Liberal sick-leave time. Reasonably priced living quarters in hospital vicinity. For details write Director of Nursing, Glenville Hospital, Cleveland 8, Ohio. [Turn the page]

STAFF NURSE: South America. Modern hospital, excellent location on west coast. Salary $325 per month. Transportation paid. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

STAFF NURSES: 8 hour, 6 day week. Rotate shift. $225. $5 increase every 6 months for 2 years. $10 extra for 3-11, 11-7, 2 weeks' sick leave after 1 year. Hand Memorial Hospital, Shenandoah, Iowa.

STAFF NURSES: Modern, 60 bed hospital located in South Georgia, town of 6000 population, all modern conveniences. New nurses home with private rooms and connecting baths. Begining salary $175 per month and full maintenance. Increase after 3 months. Apply Ritch-Leaphart Hospital, Jesup, Ga.

STAFF NURSES: For well-known Eye, Ear, Nose and Throat Hospital. 27 bed private floor, newly completed additional floor of private rooms with all modern facilities. 44 hour week for day and night nurses. 40 hour week for evening nurses. Beginning salary $180, maximum $200. $10 additional for permanent evening and night duty. Address Director of Nurses, Massachusetts Eye and Ear Infirmary, 243 Charles Street, Boston 14, Mass.

STAFF NURSES: Also surgical nurse. Relatively new hospital of small size, fashionable resort town located on coast of California. Excellent living facilities. RN8-14 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

STAFF NURSES: Positions available for all services. 44 hour week. Salary $190 a month plus all meals and laundering of uniforms. $20 differential for evening or night duty. 6 paid holidays, 12 days sick leave, 2 weeks vacation first year, 3 weeks thereafter. Apply Director of Nurses, Englewood Hospital, 6001 S. Green Street, Chicago 21, Ill.

STUDENT HEALTH SUPERVISOR: Large private hospital. 200 graduate nurses, 200 student nurses. Should be qualified to direct health program for all personnel. University city, West. RN8-13 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

SUPERINTENDENT OF NURSES: In new hospital Northern California. Salary $350 to $380. Norma Rohl, The Medical Center Agency, 26 O'Farrell St., San Francisco, Calif.

SUPT. OF NURSES: Experienced in tuberculosis and well-qualified. $350, early increase. General duty nurse. Start $235, 40 hour week. Both eligible for California registration. Send letter, including photograph, to Medical Director, Tulare-Kings Counties Hospital, Springville, Calif.

SUPERINTENDENT OF NURSES AND SERVICES: For 60 bed, privately owned general hospital, comparatively new, newly equipped, thoroughly modern. Salary to begin with $250 with full maintenance. Private 2 room apartment. Located in South Georgia. Population 6000 progressive and growing. Some one especially qualified in supervision including operating room. Apply Ritch-Leaphart Hospital, Jesup, Ga.

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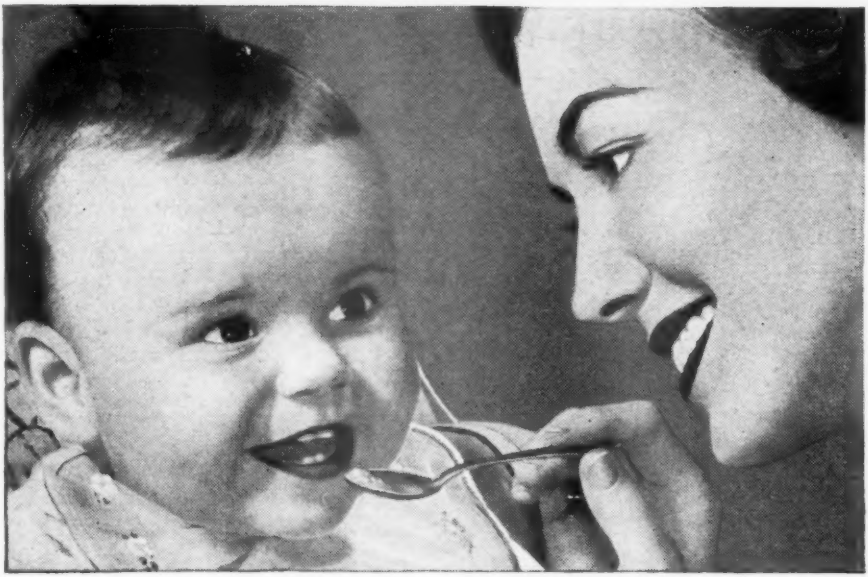

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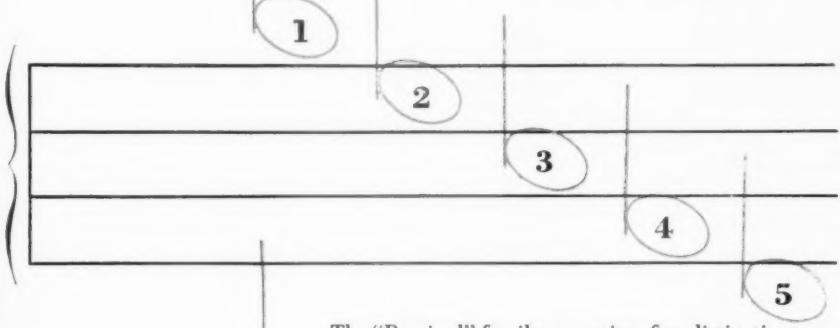

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